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 $126.00
Event Description Justin Bieber
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

Date(s) 03 / 18 / 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(s) Describe the public purpose made pursuant to the agency’s policy

B. Name of Individual Name of Organization
Lam, Marianne (Address) (Organization)
Number of Ticket(s)/Pass(s) 4

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.

Number of Ticket(s)/Pass(s) 4

Identify one of the following:

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

C. Name of Outside Organization Number of Ticket(s)/Pass(s)
(Name, Address)

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

4. Verification
I have read and understand FPPC Regulations 19441 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Steven Jones
Print Name

Central District Director

Title

04/05/2016
(Month, Day, Year)

Comment:

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Steven Jones
Area Code/Phone Number (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 Bruce Springsteen & the E Street Band
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 $158.00
Date(s) 03 / 13 / 16
If no: Golden State Warriors
Name of Source
If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

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

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

4. Verification
Signature of Agency Head or Designee
Prel Kuna
Central District Director
04.05.2016
(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)
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 $100.00
Event Description Andre Ward vs. Sullivan Barrera Date(s) 03 // 26 // 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Golden State Warriors If no: Golden State Warriors
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ Name of Source
If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (last, first)</th>
<th>Number of Tickets/Passes</th>
<th>Identify one of the following: Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
</table>
| Act Full Gospel Church | 1034 66th Ave, | 10
| Oakland, CA 94621            |                          | To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. |

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian ministry delivering food and clothing to hungry children and families</td>
<td>10</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>

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

Steven Jones Central District Director
Print Name 04/05/2016

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 ☐  
Face Value of Each Ticket/Pass  
$100.00  
Event Description  
Andre Ward vs. Sullivan Barrera  
Ticket(s)/Pass(es) provided by agency?  
Yes ☑ No ☐  
Date(s)  
03 / 26 / 16  
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  
Officer's Name (Last, First)

3. Recipients  
A. Name of Agency, Department or Unit  
Number of Ticket/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/Pass(es)</th>
<th>Description of 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 (if any)  
Number of Ticket/Pass(es)  
Identify one of the following:  
Ceremonial Role ☑ Other ☐ Income ☐  
If checking “Ceremonial Role” or “Other” describe below:

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

C. Name of Outside Organization (include address and description)  
Number of Ticket/Pass(es)  
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 sales.

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket/Pass(es)</th>
<th>Description of the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda Boys &amp; Girls Club</td>
<td>6</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>

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

Steven Jones  
Central District Director  
04/05/2016

Comment:
1. **Agency Name**
   Alameda County

2. **Function or Event Information**
   - **Event Description**: Andre Ward vs. Sullivan Barrera
   - **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**: $105.00
   - **Date(s)**: 03/26/16

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

<table>
<thead>
<tr>
<th>Name of Individual (and/or)</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>Lankford, Raymond</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee: Steven Jones
   Print Name: Central District Director
   Title: 04/05/2016
   (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**
   Event Description: Andre Ward vs. Sullivan Barrera
   Ticket(s)/Pass(es) provided by agency? **No**
   Face Value of Each Ticket/Pass: $100.00
   Date(s): 03 / 26 / 16
   Was ticket distribution made at the behest of agency official? **Yes**
   If yes: Golden State Warriors
   Name of Source: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First):

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weinstein, Miguel</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the 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: Steven Jones
   Print Name: Central District Director
   Title: 04/05/2016
   (Month, Day, Year)

Comment:
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: Prince
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 $ 600.00
Date(s) 03 / 04 / 16
If no: Golden State Warriors
If yes: Alameda County Supervisor Wilma Chan

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

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

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

Simmons, Otis
2
2

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
Steven Jones
Central District Director
Title
04.05.2016
(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 Prince
   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 $ 600.00
   Date(s) 03 / 04 / 16
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 189-2. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Steven Jones
   Print Name
   Central District Director
   Title
   04.05.2016 (Month, Day, Year)
   FPPC Toll-Free Helpline: 886/ASK-FPPC (886/275-7772)
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: Bay Area Festival of Laughs
Face Value of Each Ticket/Pass $93.00
Date(s): 03/05/16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
If yes: Alameda County Supervisor Wiema Chan
Name of Source: Alameda County Supervisor Wiema 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 Tickets/Passes</th>
<th>Describe the purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stadmire, Sylvia</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
Signature of Agency Head or Designee: Steven Jones
Central District Director: 04.05.2016
Signed: Stephen Jones
Statement: I have verified that the distribution set forth above, is in accordance with the requirements.
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 Bruce Springsteen & the E Street Band
   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 $158.00
   Date(s) 03 / 13 / 16
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

   A. Name of agency, Department, or Unit
      Number of Tickets/Passes
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
      Number of Gifts/Presents
      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
      Number of Gifts/Presents
      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
   04.05.2016
   (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  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 $700/$30 parking
   Date(s)  03  09  16
   If no:  Name of Source
   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 Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (First, Last)</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, Doug</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 Tickets/Passes</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

Signature of Central District Director

Date

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 $700
   Date(s): 03/09/16
   If no: Golden State Warriors
   If yes: Alameda County Supervisor Wilma Chan

3. Recipients
   A. Name of Agency, Department or Unit
   B. Name of Individual
   Hadnot, Julie
   Number of Ticket(s)/Pass(es): 2
   C. Name of Outside Organization (include address and description)
   Describe the public purpose made pursuant to the agency’s policy
   Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Provisions 18941.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Steven Jones
   Print Name: Central District Director
   Title: 04/05/2016
   (Month, Day, Year)
### 1. Agency Name

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

### 2. Function or Event Information

| Does the agency have a ticket policy? | Yes ☑ No ☐ |
| Event Description | Basketball Game |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ No ☑ |
| Was ticket distribution made at the behest of agency official? | No ☐ Yes ☑ |

Face Value of Each Ticket/Pass $600
Date(s) 03/11/16

If no: **Golden State Warriors**
Name of Source
If yes: **Alameda County Supervisor Wilma Chan**
Official’s Name (Last, First)

### 3. Recipients

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Tickets/ Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B.</strong> Name of Individual</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Name of Individual</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>Brekke-Meisner, Lukas</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Number of Tickets/ Passes</td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Describe the public purpose made pursuant to the agency’s policy</td>
</tr>
</tbody>
</table>

### 4. Verification

I, [Signature or Agency Name or Designee], have read and understand FPPC Resolutions 188-41 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones, Central District Director
04/05/2016 (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
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency officials? No ☐ Yes ☒
Face Value of Each Ticket/Pass $ $600/$30 parking
Date(s) 03 / 11 / 16
If no: Golden State Warriors
If yes: Alameda County Supervisor Wilma Chan

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

<table>
<thead>
<tr>
<th>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>A.</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>Lam, Marianne</td>
<td>2+1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking 'Ceremonial Role' or 'Other' describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</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>C.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I, Steven Jones, an employee of the County of Alameda, have signed this report as required by the California Government Code Sections 11511 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones
Central District Director
04.05.2016 (Month, Day, Year)

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

#### 1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Steven Jones
Email: 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** $600/$30 parking
- **Date(s)** 03/12/16
- **If yes:** Golden State Warriors
  - **Name of Source**
  - **If no:** 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**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Fred</td>
<td>2+1park</td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Verification
I, [Signature], have read and understand Section 81230.5 and 81231.5 of the Government Code. I have verified that the distribution set forth above, is in accordance with the requirements.

- **Print Name**
- **Central District Director**
- **Date** 04.05.2016

Comment: ________________________________

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
      Steven Jones
   Area Code/Phone Number  Email
      (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 $  600
   Date(s)  03 / 12 / 16
   If no:  Golden State Warriors
   Name of Source
   If yes:  Alameda County Supervisor Wiima 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 or Agency, Department or Unit  Number of Tickets/Passes (if applicable)  Describe the public purpose made pursuant to the agency's policy
   Stark, Shawn
   2

   B. Name of Individual  Number of Tickets/Passes (if applicable)
   Stark, Shawn  2

   C. Name of Outside Organization (include address and description)  Number of Tickets/Passes (if applicable)  Describe the public purpose made pursuant to the agency's policy

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

   Signature of Agency Head or Designee  Central District Director  Title  Date
   Steven Jones  04.05.2016

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
   Provide Ticket/Expiration
   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
   Date(s) 03/01/16
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Tickets/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gin, Hal</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>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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
   04/05/2016
   Signature of Agency Head or Designee
   Part Number
   Title
   (Month, Day, Year)
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 $ 700
   Date(s) 03 / 01 / 16

   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson, Meryl</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**
   I have read and understand FPPC's 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
   04/05/2016
   Date (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 [x] No [ ]
- **Event Description** Basketball Game
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **Face Value of Each Ticket/Pass** $600/$30 parking
- **Date(s)** 03/07/16
- **If yes:** Golden State Warriors
  - Name of Source
  - If no:** Alameda County Supervisor Wilma Chan
  - Official’s Name (Last, First)

### 3. Recipients

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson, Bob</td>
<td>4+1park</td>
<td></td>
</tr>
</tbody>
</table>

**Identify one of the following:**
- Ceremonial Role [ ]
- Other [ ]
- Income [ ]

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

<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 understood FPPC Regulations 18944.1 and 18949. I have verified that the distribution set forth above, is in accordance with the requirements.

- **Signature of designee:**
- **Post Name:**
- **Central District Director:**
  - **Title:**
  - **Date:** 04/05/2016

Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Passa 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 ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $ $700/$30 parking
Date(s) 03/25/16
If no: Golden State Warriors
If yes: Alameda County Supervisor Wilma Chan
Name of Source Official's Name (Last, First)

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

B. Name of individual (Last, First) 
   Number of Ticket(s)/Pass(es) 
   Identify one of the following:
   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 ☐
   Including "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
   Steven Jones Central District Director 04.05.2016
   Signature of Agency Head or Designee Print Name Title
   (Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County
   Board of Supervisors

   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 $350/$30 parking
   Date(s) 03 / 27 / 16
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cravalho, Brian</td>
<td>4+1park</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Address and description)</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understood FPPC Regulations 189.141 and 189.42. 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
   04.05.2016
   (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

**Date of Original Filing:**

**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 $** $700

**Date(s)** 03 / 29 / 16

**Name of Source**
- **If no:** Golden State Warriors
- **If yes:** Alameda County Supervisor Wilma Chan

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imer, David</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Tickets/Passes</th>
</tr>
</thead>
</table>

**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.**

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

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

<table>
<thead>
<tr>
<th>Describes the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**

1944.1 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**

**Title**

**04.05.2016**

**Date** (Month, Day, Year)

**Comment:**
Agency: Alameda County Board of Supervisors

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 $700/$30 parking
- Date(s): 03 / 29 / 16
- If no: Golden State Warriors
- If yes: Alameda County Supervisor Wilma Chan

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (last, first)</th>
<th>Number of Tickets/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atkin, Kathryn</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>
</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>2+1park</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

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

Steven Jones Central District Director 04.05.2016

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 [x]
   Event Description   Basketball Game
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   Face Value of Each Ticket/Pass $700
   Date(s) 03/25/16
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lad, Emily</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification
   Steven Jones  Central District Director  04.05.2016
   (Signature of Agency Head or Designee)  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 ☐
   - **Event Description** Basketball Game
     - **Ticket(s)/Pass(es) provided by agency?** Yes ☒ No ☐
   - **Face Value of Each Ticket/Pass** $1,100
   - **Date(s)** 03 / 16 / 16
   - **If no:** Golden State Warriors
     - **Name of Source**
   - **If yes:** Alameda County Supervisor Wilma Chan
     - **Official's Name (Last, First)**

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

   **A.**
   - **Name of Agency, Department or Unit**
   - **Number of Tickets/Passes**
   - **Describe the public purpose made pursuant to the agency's policy**

   **B.**
   - **Name of Individual** Clemons, Estelle
   - **Number of Tickets/Passes** 2
   - **Identify one of the following:**
     - **Ceremonial Role** ☐
     - **Other** ☐
   - **Describe the public purpose made pursuant to the agency's policy**

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

4. **Verification**

   I have read and understand FPPC Regulations 18(a)(4) and 1896.12. I have verified that the distribution set forth above, is in accordance with the requirements.

   **Signature of Agency Head or Designee:**
   **Title:**
   **Central District Director Title:**
   **Date:** 04.05.2016

   **Comment:**

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number: (510) 272-6693
   E-mail: steven.jones@acgov.org

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

   Face Value of Each Ticket/Pass: $1,100
   Date(s): 03/16/16

   If no: Golden State Warriors
   Name of Source: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

      | Name of Individual          | Number of Ticket(s)/Pass(es) | Identify one of the following: |
      |-----------------------------|-----------------------------|--------------------------------|
      | Dunlap, Kamika              | 2                           | Ceremonial Role [X] Other [ ]  |
      |                             |                             | Income [ ]                     |

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

        | 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 19844.1 and 19844.2. I have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones
   Central District Director
   Title
   04.05.2016

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)
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 ☒

Event Description Warriors vs. Hawks

Provide Title/Explanation

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

If no: Golden State Warriors
Name of Source
Carson, Keith

If yes: Official’s Name (Last, First)

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

Face Value of Each Ticket/Pass $ 700.00

Date(s) 03 / 01 / 16

3. Recipients

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

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

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

- Ceremonial Role ☐ Other ☐ Income ☐

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

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

East Bay Asian Local Development Corporation 1825 San Pablo Ave #200, 4 To reward a school or nonprofit organization for its contributions to the community

4. Verification

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

Amy Shrago

Print Name Supervisor’s Assistant

Title

04/18/16

(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? Yes ☐ No ☒
   Event Description: Warriors vs. Magic
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $ 600.00
   Date(s) 03 / 07 / 16

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

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

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

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

4. Verification
   1944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Amy Shrago
   Print Name
   Supervisor's Assistant
   Title
   Date 04/18/16
   (Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Event Description: Warriors vs. Jazz
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $700.00
   Date(s) 03 / 09 / 16
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official’s Name (Last, First)

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

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

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   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
   Alameda Health System Foundation 350 Frank H. Ogawa Plaza Oakland CA 9461 4 To reward a school or nonprofit organization for its contributions to the community

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: Amy Shrago
   Print Name:
   Supervisor's Assistant Title: 04/18/16 (Month, Day, Year)

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

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 Warriors vs. Trailblazers
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 $600.00
Date(s) 03 / 11 / 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>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</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, Amy Shrago, Supervisor’s Assistant 04/18/16
rs 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Print Name

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description: Warriors vs. Suns
   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: $600.00
   Date(s): 03 / 12 / 16
   If no: Golden State Warriors
   Name of Source: Carson, Keith
   If yes: Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Carson, Keith | 4 | Ceremonial Role ☒ Other ☐ Income ☐
   To obtain oversight of facilities or events that have received County funding or support
   Ceremonial Role ☐ Other ☒ Income ☒
   If checking “Ceremonial Role” or “Other” describe below:

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

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

   Amy Shrago
   Supervisor’s Assistant
   04/18/16
   (Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

   Division, Department, or Region (if Applicable)

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Amy Shrago

   Area Code/Phone Number
   (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

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

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

   Face Value of Each Ticket/Pass $ 1100.00

   Date(s) 03 / 16 / 16

   If no: Golden State Warriors

   Name of Source

   If yes: Carson, Keith

   Official's Name (Last, First)

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

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

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

   B. Name of Individual
   (Last, First)
   Number of Ticket(s)/Pass(es)

   Identify one of the following:

   Ceremonial Role ☐ Other ☒ Income ☐
   To promote attendance at an event held at a County facility in order to maximize potential County revenue

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

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

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

   Urban Habitat 1212 Broadway #500, Oakland, CA 94612 Urban Habitat works
   2

   To reward a school or nonprofit organization for its contributions to the community

4. Verification

   1344.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Amy Shrago

   Print Name

   Supervisor's Assistant
   04/18/16

   Title

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 Warriors vs. 76ers
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Face Value of Each Ticket/Pass $350.00
Date(s) 03 / 27 / 16
If no: Golden State Warriors
Name of Source
If yes: Carson, Keith
Official’s Name (Last, First)

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

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

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

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

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

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

Amy Shrago
Print Name
Supervisor’s Assistant
Title
04/18/16 (Month, Day, Year)

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

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

2. Function or Event Information

| Does the agency have a ticket policy? | Yes [ ] No [x] | Face Value of Each Ticket/Pass $700.00 |
| Event Description | Warriors vs. Wizards |
| Ticket(s)/Pass(es) provided by agency? | Yes [ ] No [x] |
| Was ticket distribution made at the behest of agency official? | No [ ] Yes [x] |

Date(s) 03/29/16
If no: Golden State Warriors
Name of Source Carson, Keith
If yes: Official's Name (Last, First)

3. Recipients

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

East Bay Housing Organizations 538 9th St #200, Oakland, CA 94607 EBHO BRI 4 To reward a school or nonprofit organization for its contributions to the community

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

Amy Shrago
Print Name

Supervisor's Assistant
Title

Date 04/18/16
(Month, Day, Year)

Comment:

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

Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Amy Shrugo

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

E-mail: amy.shrugo@acgov.org

### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Yes</th>
<th>No</th>
<th>Face Value of Each Ticket/Pass $</th>
<th>600.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes</td>
<td>No</td>
<td>Date(s)</td>
<td>03/04/16</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If no: Golden State Warriors

Name of Source: Carson, Keith

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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

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

#### Identify one of the following:

- Ceremonial Role
- Other

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

#### Income

- Ceremonial Role
- Other

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

### 4. Verification

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

Signe: Amy Shrugo

Print Name: Amy Shrugo

Title: Supervisor's Assistant

Date: 04/18/16 (Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrado
   Area Code/Phone Number     (510) 272-6695     E-mail     amy.shrado@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: $93.00
   Date(s): 03/05/16
   If no, Name of Source: Golden State Warriors
   If yes, Name of Source (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.

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

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

Amy Shrado
Print Name
Supervisor's Assistant
Title
04/18/16
(Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 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 $158.00
   Date(s) 03 / 13 / 16
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ 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 con
      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, Amy Shrago, have verified that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago
   Supervisor's Assistant
   04/18/16

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

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

2. Function or Event Information
Does the agency have a ticket policy? ☐ Yes ☒ No
Event Description Justin Bieber
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 $126.00
Date(s) 03/18/16
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>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music, Richard</td>
<td>4</td>
<td>Income ☐ Ceremonial Role ☒ Other</td>
</tr>
</tbody>
</table>

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

<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.

Amy Shrago
Print Name
Supervisor’s Assistant
Title
04/18/16 (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Amy Shrago, Supervisor’s Assistant

2. Function or Event Information
   Face Value of Each Ticket/Pass $105.00
   Date(s) 03/26/16

   Event Description: Andre Ward v. Sullivan Barrera
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source: Carson, Keith
   If yes: Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐ Identify one of the following:
   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
   Roots Community Health Center 9925 International Blvd, Oakland, CA 94603 | 4 | To reward a school or nonprofit organization for its contributions to the community
   100 Black Men of the Bay Area 1638 12th St, Oakland, CA 94607 dedicated to | 20 | To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I, Amy Shrago, Supervisor’s Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   04/18/16
   Amy Shrago
   Supervisor’s Assistant
   Title

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

   Date Stamp

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No X
   Event Description: Warriors vs. Timberwolves
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   Was ticket distribution made at the behest of agency official? No □ Yes X
   Face Value of Each Ticket/Pass $ 600.00
   Date(s) 04 / 05 / 16
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role □ Other □ 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
   Oakland Technical High School 4351 Broadway Oakland, CA 94611 Public Hi 4
   To reward a school or nonprofit organization for its contributions to the community

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

   Amy Shrago
   Print Name
   Supervisor's Assistant
   Title
   04/18/16
   (Month, Day, Year)

   Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 650.00
   Event Description Warriors vs. Grizzlies
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 04 / 13 / 16
   If no: Golden State Warriors
   If yes: Carson, Keith
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Carson, Keith | 3 | Ceremonial Role ☐ Other ☒ Income ☐
       | | If checking “Ceremonial Role” or “Other” describe below:
       | | To promote tourism as a form of economic development
       | | 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
   I have reviewed the distribution set forth above, is in accordance with the requirements.
   Amy Shrigo
   Supervisor’s Assistant
   04/18/16
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 5000.00
   Event Description  Warriors vs. Rockets
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   Date(s) 04 / 16 / 16
   If no:  Golden State Warriors
   Name of Source
   If yes:  Carson, Keith
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization
      (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 completed this report, Section A, B, and C, and have verified that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago  Supervisor's Assistant  04/18/16
   Print Name  Title  (Month, Day, Year)

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

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago, Supervisor’s Assistant
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 ☒
Event Description Carrie Underwood
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: Carson, Keith
Official’s Name (Last, First)

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

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

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<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>Sanchez, Mina</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

4. Verification
I have

Amy Shrago Supervisor’s Assistant
Print Name Title
04/18/16 (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago, Supervisor’s Assistant
   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: Class Reunion
   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 $75.50
   Date(s) 04 / 23 / 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>
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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “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 verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Officer or Delegee: Amy Shrago
   Supervisor’s Assistant: Amy Shrago
   Title: Supervisor’s Assistant
   Date: 04/18/16
   (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)
Anna Gee
Area Code/Phone Number: (510) 272-6694
E-mail: anna.gee@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: Oakland A's v. Angels
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 $27.00
Date(s): 04/11/16
If no: Oakland A's
Name of Source: Nate Miley
If yes: Official's Name (Last, First)

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

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

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

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

4. Verification
4.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.
Anna Gee
Print Name
Operations Chief
Title
4/11/16 (Month, Day, Year)

Comment:

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

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

Board of Supervisors
Designated Agency Contact (Name, Title)
Nancy Sa
Area Code/Phone Number E-mail
(510) 272-6692 nancy.sa@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Event Description
Warriors vs. Rockets
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 $ 5,000
Date(s) 04 / 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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>Castillo, Patricia</td>
<td>2</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

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

<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>
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</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
Nancy Sa
Print Name
Supervisor's Assistant
(Title)
(Month, Day, Year)

Comment: Includes a parking pass at the value of $40.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Nancy Sa

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

2. Function or Event Information

   Does the agency have a ticket policy?  Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 5,000
   Event Description            Warriors vs. Rockets
     [Provide Title/Explanation]
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑
   If no:                          Golden State Warriors
                                         Name of Source
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ☑
   If yes:                        Valle, Richard- Supervisor District 2
                                         Official’s Name (Last, First)

   Date(s)  04 / 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.

   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:

      Riener, Eileen
      4
      Ceremonial Role ☐ Other ☑ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a community volunteer for her service to the public.

      4
      Ceremonial Role ☐ Other ☑ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification

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

   Signature of Agency Head or Designee
   Nancy Sa Print Name

   Supervisor’s Assistant
   Title

   Date (Month, Day, Year)

Comment: Includes a parking pass at the value of $40.
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
Warriors vs. Rockets
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 $5,000
Date(s) 04 / 16 / 16
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
Otero, Heysell | 4 | Ceremonial Role □ Other □ Income □

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

4. Verification
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
4/25/16
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)
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 □
Event Description Class Reunion
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No X
Was ticket distribution made at the behest of agency official? No □ Yes X
Face Value of Each Ticket/Pass $ 75.50
Date(s) 04 / 23 / 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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>James, Amanda</td>
<td>4</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>
</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: 4/28/14

FPPC Form 902 (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
- Nancy Sa

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes [X] No [ ]
- Event Description: Carrie Underwood
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
- Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
- Face Value of Each Ticket/Pass $134.00
- Date(s): 04/10/16
- If no: Golden State Warriors
- 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>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union City Kids Zone 725 Whipple Rd, Union City, CA 94587</td>
<td>4</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

### 4. Verification
I have read and understood FPPC Regulations 845-44.1 and 16942. 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: 4/28/16
(Month, Day, Year)

Comment: 

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 Oakland A's vs. Houston Astros
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 $ 30.00
Date(s) 04 / 29 / 16
If no: Oakland A's
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Chavez</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Describe the public purpose made pursuant to the agency's policy</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
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
(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)**
Nancy Sa

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

**E-mail**
nancy.sa@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>
</table>

**Event Description**
Oakland A’s vs. Houston Astros

**Provide Title/Explanation**

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

**Face Value of Each Ticket/Pass $**
47.00

**Date(s)**
04 / 30 / 16

**If no:**
Oakland A’s

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

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

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

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

**Print Name**

**Title**

**Date**
4/20/16

(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 $ 30.00
Event Description Oakland A's vs. LA Angels
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakland A's
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Valle, Richard - Supervisor District 2 Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>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>Viola Blythe 37365 Ash St, Newark, CA 94560</td>
<td>2</td>
<td>To reward a non-profit organization for its contributions to the community.</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
Print Name Supervisor’s Aide
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)
   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  Oakland A's vs. LA Angels
                      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 $  30.00
   Date(s)  04 / 12 / 16
   If no:  Name of Source
           Oakland A's
   If yes:  Name of Source
           Valle, Richard- Supervisor District 2
           Official's Name (Last, First)

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

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

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

   C.  Name of Outside Organization
       (Include address and description)
       Number of Ticket(s)/Pass(es)
       Describe the public purpose made pursuant to the agency's policy
       To reward a non-profit organization for its contributions to the community.

   Provides social and human services to those in need.

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 Aide
   Title
   Date

Comment:

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

**1. Agency Name**
Alameda County

**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

**Date Stamp**

**2. Function or Event Information**
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description**
  - Oakland A's vs. LA Angels
- **Face Value of Each Ticket/Pass** $40.00
- **Date(s)**
  - 04 / 13 / 16
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no:**
  - **Name of Source**
  - **If yes:**
  - **Valle, Richard- Supervisor District 2**
  - **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**

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

**B.**
- **Name of Individual**
  - **Viola Blythe**
  - **37365 Ash St, Newark, CA 94560**

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

**C.**
- **Name of Outside Organization** *(include address and description)*
  - **To reward a non-profit organization for its contributions to the community.**
  - **Provides social and human services to those in need.**

**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 Aide**
Print Name

**Title**

**Date**
(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)
   Nancy Sa
   (510) 272-6692  E-mail Nancy.Sa@acgov.org

Date Stamp:  California Form 802
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 $ 38.00
   Event Description: Oakland A's vs. Kansas City Royals
   Date(s): 04 / 16 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no:  Oakland A's
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<td></td>
<td></td>
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<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>Optimist Club, Po Box 402, Newark, CA 94560</td>
<td>2</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Provides various programs for youth that promote civic engagement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Nancy Sa
   Print Name: Nancy Sa
   Supervisor’s Aide:  (Month, Day, Year) 4/26/16

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

1. Agency Name
Alameda County
Board of Supervisors

Designated Agency Contact (Name, Title)
Nancy Sa

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

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

Event Description
Oakland A's vs. Kansas City Royals

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 $ 40.00
Date(s) 04 / 17 / 16

If no: Oakland A's
Name of Source
If yes: Valle, Richard - Supervisor District 2

Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
<th>Name of Individual (Last, First)</th>
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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td>Optimist Club Po Box 402, Newark, CA 94560</td>
<td>2</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

Provides various programs for youth that promote civic engagement

4. Verification
I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Nancy Sa
Print Name: Supervisor's Aide: Title: 12/24/16
(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)
   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 Oakland A’s vs. Kansas City Royals
   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 $ 32.00
   Date(s) 04/15/16
   If no: Oakland A’s
   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 Name
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      To reward a non-profit organization for its contributions to the community.

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name
   Supervisor’s Aide
   Title

Comment:

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

1. Agency Name  
Alameda County  
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 Oakland A's vs. Chicago White Sox  
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 $52.00  
Date(s) 04 / 04 / 16
If no:  
Name of Source
If yes:  
Valle, Richard- Supervisor District 2  
Official's Name (Last, First)

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

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

| Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☒ Income ☐ |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>McEvoy, Kenny</td>
<td>2</td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee: Nancy Sa  
Print Name: Nancy Sa  
Supervisor's Assistant:  
Title:  
(Month, Day, Year)

Comment:  

4/5/16  
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
   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: Oakland A’s vs. San Francisco Giants
   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
   Date(s) 04 / 02 / 16
   If no: Oakland A’s
   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 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
   (Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nancy Sa
   Area Code/Phone Number (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 Oakland A's vs. Chicago White Sox
   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) 04 / 04 / 16
   If no: Oakland A's
   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>
</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>Munoz, Cinthya</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for her exemplary service to the public.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</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: 4/5/16
(Month, Day, Year)

Comment: 

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

1. Agency Name
Alameda County

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
Oakland A's vs. Chicago White Sox

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 $30.00
Date(s) 04 / 06 / 16

If no: Oakland A’s
Name of Source

If yes: Vallee, Richard- Supervisor District 2
Official’s Name (Last, First)

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

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

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

To reward a community volunteer for 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
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
4/5/16

(Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 Oakland A's vs. Houston Astros
   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 $80.00
   Date(s) 04/29/16
   If no: Oakland A's
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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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>Angelito, David</td>
<td>3</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>Kolentic, Eugene</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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 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, Day, Year) 4/28/16

Comment: Includes 4 parking passes at the value of $20.
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akur, Bhagyesh</td>
<td>3</td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td>Gogoi, Amar</td>
<td>5</td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td>Gex, Will</td>
<td>4</td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
</tbody>
</table>

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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  Oakland A's vs. Los Angeles Angels
   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 $80.00
   Date(s) 04 / 13 / 16
   If no:  Oakland A's
   Name of Source
   If yes:  Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

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<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barry Kaminsky</td>
<td>6</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td>To reward a community volunteer for his service to the public.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jim O'Laughlin</td>
<td>6</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td>To reward a community volunteer for his service to the public.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Nancy Sa  Supervisor's Assistant
Print Name  Title

Comment: Includes 4 parking passes at the value of $20.
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>
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<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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<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>Shirley Kaminsky</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td>Pat O'Laughlin</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
</tbody>
</table>

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

Designated Agency Contact (Name, Title)
   Nancy Sa
   (510) 272-6692
   Nancy.Sa@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Oakland A's vs. Kansas City Royals
   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 $80.00
   Date(s) 04 / 15 / 16
   If no: Oakland A's
   Name of Source
   If yes: Valle, Richard - Supervisor District 2
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization
   (include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   Centro Legal de la Raza
   3022 International Blvd Ste 410, Oakland
   18
   To reward a non-profit organization for its contributions to the community.
   Provides comprehensive legal services for immigrant Latino communities.

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 Aide
   Title
   (Month, Day, Year)

Comment: Includes 4 parking passes at the value of $20.
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

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☑</th>
<th>No ☐</th>
<th>Event Description</th>
<th>Oakland A's vs. Los Angeles Angels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>Face Value of Each Ticket/Pass</td>
<td>$80.00</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☐</td>
<td>Yes ☑</td>
<td>Date(s)</td>
<td>04 / 11 / 16</td>
</tr>
</tbody>
</table>

---

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

3. Recipients

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

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

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  
Union City Lions Club  
P.O. Box 2314 Union City, CA 94587  
18  
To reward a non-profit organization for its contributions to the community.

Provide various services and programs for all aged members of the community.

4. Verification

I have read and understand FPPC Regulations 18944.1 and 16942. 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 Aide  
Title  
(4/28/16)

Comment:  
Includes 4 parking passes at the value of $20.

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)

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Face Value of Each Ticket/Pass $**: $32
   - **Event Description**: Baseball game
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **Date(s)**: 04 / 30 / 16
   - **Ticket Circuit**
     - [ ] 04 / 30 / 16
     - [ ] 04 / 30 / 16
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
   - **If yes, Official's Name** (Last, First): Chan, Wilma
   - **If no, Office/Agency** (Name): Oakland A's

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

   **B. Recipient**
   - **Name of Individual or Unit**: Briseño, Lorena
   - **Number of Ticket(s)/Pass(es)**: 2
   - **Describe the public purpose made pursuant to the agency’s policy**

4. **Verification**
   - **Signature of Agency Official or Designee**: Steven Jones
   - **Central District Director**: 04/08/2016
   - **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 ☐
Event Description: Baseball 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 $ □ $100/□ $20 parking
Date(s) of Event: 04/16/16
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

B. Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
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
Purple Silk Music Education Foundation
484 Lake Park Ave. #366, 94610
18+4pk
To reward a school or nonprofit organization for its contributions to the community
Supports music education for inner-city youth

4. Verification
I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones
Central District Director
04/08/2016
Print Name
Title
(Month, Day, Year)

Signature of Agency Head or Designee

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

**Email** 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>
</table>

| Event Description | Baseball game |

<table>
<thead>
<tr>
<th>Ticket(s)/Pass(es) provided by agency?</th>
<th>Yes ☐ No ☒</th>
</tr>
</thead>
</table>

Face Value of Each Ticket/Pass $ 90/20 parking

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>04 / 17 / 16</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If no:</th>
<th>Oakland A's</th>
</tr>
</thead>
</table>

Name of Source

If yes: Chan, Wilma

Official's Name (Last, First)

**3. Recipients**

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

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

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual or Group</th>
<th>Number of Tickets/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Brown, Siena</td>
<td>4+1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purposes 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**

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

Steven Jones

Central District Director

Print Name

Title

Date: 04/11/2016

(Month, Day, Year)

Signature of Agency Head or Designee

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

FPPC Toll-Free Helpline: 866/ASK-FPPC (666/275-7772)
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  
- Do the agency have a ticket policy?  
  Yes ☒ No ☐  
- Event Description  
  Baseball 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 $  
  $90/$20 parking  
- Date(s)  
  04 / 17 / 16  
- If no:  
  Oakland A's  
  Name of Source  
- If yes:  
  Chan, Wilma  
  Official's Name (Last, First)

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

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

4. Certification  
I, Steven Jones, am the Designated Agency Contact described at the top of this form.  I hereby certify:  

- That all personnel of the agency participating in the distribution of tickets/passes under this report have been informed of the FPPC requirements regarding the distribution of ceremonial passes and that each has signed a statement to the effect that they will follow the requirements.  
- The distribution of tickets/passes came from the official duty of the agency.  
- The distribution of tickets/passes is solely for the purpose of promoting or, in any way, benefiting the agency.  
- I have available for production all records and information that may be relevant to the distribution of tickets/passes.  

Signature of Agency Head or Designee  
Steven Jones

Print Name  
Date  
04/11/2016  
(Month, Day, Year)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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

   Code/Phone Number
   (510) 272-3663

   Email
   steven.jones@acgov.org

2. Function or Event Information
   Did the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $90
   Event Description
   Baseball game
   Date(s)
   04 / 17 / 16
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   It no: Oakland A's
   Name of Source
   Chan, Wilma
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   If yes: Chan, Wilma
   Officer's Name (Last, First)

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

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

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

   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 19944 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones Central District Director
   Signatures of Agency Head or Designee
   Title
   04/11/2016 (Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Steven Jones

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

2. Function or Event Information

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

Event Description: Baseball 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 $32

Date(s) 04 / 17 / 16

If no: Oakland A's Name of Source

If yes: Chan, Wilma Official's Name (Last, First)

3. Recipients

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

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942.1 have verified that the distribution set forth above is in accordance with the requirements.

Steven Jones Central District Director
Print Name Title
04/28/2016 (Month, Day, Year)

Signature of Agency Head or Designee

Comment:

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Event Description: Baseball 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: $90
   - Date(s): 04 / 17 / 16
   - If no: Oakland A's
   - Name of Source: Chan, Wilma
   - If yes: Chan, Wilma
   - Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<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>Lam. Marianne</td>
<td>6</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n) ... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

**Signature of Agency Head or Designee:**

**Central District Director:**

**Print Name:**

**Title:**

**Date:** 04/28/2016

(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

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
Class Reunion Concert

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

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

Face Value of Each Ticket/Pass $75.50

Date(s) 04/23/16

If no: Golden State Warriors
Name of Source

If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit

B. Name of Individual
Woody, Carl

Number of Tickets/Passes
2

C. Name of Outside Organization

Number of Tickets/Passes
2

Identity one of the following:

Ceremonial Role [ ] Other [ ]

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

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

Ceremonial Role [ ] Other [ ]

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

4. Verification

I have read and understand FPPC Regulations 16994.1 and 16942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee

Steven Jones
First Name

Central District Director
Title

04/11/2016
(Month, Day, Year)

Comment:

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

1. **Agency Name**
   - Alameda County
   - Division, Department, or Region (If Applicable)
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - 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: Carrie Underwood
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   - Face Value of Each Ticket/Pass: $134.00
   - Date(s): 04/10/16
   - If yes: Golden State Warriors
     - Name of Source
   - If no: 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 Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Tickets/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spencer, Sarah</td>
<td>2</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Name and Title of Agency Head or Designee</th>
<th>Print Name</th>
<th>Central District Director</th>
<th>Title</th>
<th>Date of Filing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven Jones</td>
<td></td>
<td></td>
<td></td>
<td>04/11/2016</td>
</tr>
</tbody>
</table>

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 833/ASK-FPPC (833/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Class Reunion Concert
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $75.50
   Date(s) 04 / 23 / 16
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit
   Number of Tickets/Passes
   Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
   Number of Tickets/Passes
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   Ceremonial Role ☐ Other ☐ Income ☐
   (If checking 'Ceremonial Role' or 'Other' check below)

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

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

Steven Jones
Central District Director
04/11/2016

Signature of Agency Head/Designee
Polic Name
Title
(Month, Day, Year)

Comment: 

FPPC Form 802 (d/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
   Phone/Fax/Mobile: (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: Carrie Underwood
   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: $134.00
   Date(s): 04/10/16
   If no: Golden State Warriors
   Name of Source: Alameda County Supervisor Wilma Chan
   If yes: Alameda County Supervisor Wilma Chan

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

   B. Name of Individual
   Number of Ticket/Passes
   Identity one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   Steven Jones
   Central District Director
   04/11/2016
   (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  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: Carrie Underwood

   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 $134.00

   Date(s) 04/10/16

   If no: Golden State Warriors

   If yes: Alameda County Supervisor Wilma Chan

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets/Passes</th>
<th>Ceremonial Role:☐  Other:☐  Income:☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Mattie</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (includes address and description)</th>
<th>Number of Tickets/Passes</th>
<th>Ceremonial Role:☐  Other:☐  Income:☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee

   Print Name

   Title

   Date: 04/11/2016

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

Date Stamp

2. Function or Event Information

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

Event Description Basketball Game

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

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

Face Value of Each Ticket/Pass $500

Date(s) 04 / 03 / 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

B. Name of Individual
Lam, Marianne

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

Number of Ticket(s)/ Pass(es)

2

2

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.

Ceremonial Role ☐ Other ☐ Income ☐

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

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

04/28/2016

(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 Basketball Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ $500 ticket
   Date(s) 04 / 03 / 16
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18941, 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee Steven Jones Central District Director
   Print Name
   Title 04/28/2016 (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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Event Description: Basketball Game
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - Face Value of Each Ticket/Pass: $500 ticket
   - Date(s): 04 / 03 / 16
   - If yes: Golden State Warriors
   - If no: 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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of individual (full title)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Diaz, Nicholas</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</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>C.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**
I have read and understood FPPC Regulations 18944.1 and 18947. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones
Central District Director
04/28/2016

Signature of Agency Head or Designee
Print Name
Title

Comment:

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

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

1. **Agency Name**
   - Alameda County

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

   **Designated Agency Contact (Name, Title)**
   - 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 [ ]
   - **Face Value of Each Ticket/Pass $**
     - $500 ticket
   - **Event Description**
     - Basketball Game
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes [ ] No [x]
   - **Date(s) 04/16**
   - **If no: Golden State Warriors**
   - **Name of Source**
     - If yes: Alameda County Supervisor Wilma Chan
     - Official’s Name (Last, First)

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

   **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.
   - Ceremonial Role [ ] Other [ ] Income [ ]
   - If checking “Ceremonial Role” or “Other” describe below:

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

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

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

   **Print Name**
   - Central District Director

   **Title**
   - 04/28/2016

   **(Month, Day, Year)**

   **Comment:**

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Basketball Game
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $500 ticket/$35 parking
Date(s) 04 / 03 / 16
If no: Golden State Warriors
Name of Source
If yes: Alameda County Supervisor Wilma Chan
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Kubo, Theresa</td>
<td>3+1park</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>

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
Print Name
Central District Director
Title
04/28/2016
(Month, Day, Year)

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

1. **Agency Name**
   - Alameda County
   - 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 ☐
   - Faces ticket distribution made at the behest of agency official? Yes ☑ No ☐
   - Face Value of Each Ticket/Pass: $500 ticket/$35 parking
   - Date(s): 04/03/16

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

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

   **B. Name of Individual**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   - Ceremonial Role ☐ Other ☐ Income ☐
   - Describe the public purpose made pursuant to the agency's policy
   - Brown, Siena
   - 2+1park

   **C. Name of Outside Organization**
   **Include address and description**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**
   - Central District Director
   - 04/28/2016

4. **Verification**
   - I have read and understand FPPC Regulations 18044.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee: Steven Jones

   Print Name: Central District Director

   Title: (Month, Day, Year)

   Comment:

   FPPC Form 8C2 (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

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:** $600 ticket/$35 parking
   - **Date(s):** 04 / 05 / 16
   - **If no:** Golden State Warriors
   - **If yes:** Alameda County Supervisor Wilma Chan

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

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

4. **Verification**

   I have read and understand FPPC Regulations 18944.1 and 18942.1 and have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones
   - **Signature of Agency Head or Designee**
   - **Print Name:**
   - **Central District Director:**
   - **Title:**
   - **Date:** 04/28/2016 (Month, Day, Year)
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 [X] No [ ]
   Event Description: Basketball Game
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   Face Value of Each Ticket/Pass $600 ticket
   Date(s): 04 / 05 / 16
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

A. Name of Agency, Department or Unit

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

B. Name of Individual

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

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

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

4. Verification
   I have read and understand FPPC Regulations §44.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee

   Steven Jones
   Central District Director
   Title
   04/28/2016 (Month, Day, Year)

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

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

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

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 ☒

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

Face Value of Each Ticket/Pass: $500 ticket/$35 parking

Date(s): 04 / 03 / 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 ☐
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
Print Name: Central District Director
Title: 04/28/2016
(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

Date Stamp

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

Amendment (Must provide explanation in Part 3.)

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

Face Value of Each Ticket/Pass
$500 ticket/$35 parking

Event Description
Basketball Game

Provide Title/Explanation

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

Date(s)
04 / 03 / 16

If no: Golden State Warriors

Name of Source

If yes: Alameda County Supervisor Wilma Chan

Official’s Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Include Title)</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>Arden, Kris</td>
<td>2+1park</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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

Print Name

Title

04/28/2016

(Month, Day, Year)

Comment:

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

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

1. **Agency Name**

   Alameda County

   Division, Department, or Region (if Applicable)

   Board of Supervisors

   Designated Agency Contact (Name, Title)

   Steven Jones

   Area Code/Phone Number E-mail

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

2. **Function or Event Information**

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

   Event Description Basketball Game

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

   Face Value of Each Ticket/Pass $ 500

   Date(s) 04 / 03 / 16

   If yes: Golden State Warriors

   If no: 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.

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<tr>
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<th>Describe the public purpose made pursuant to the agency’s policy</th>
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</table>

   McCormick, Mike 2

   Miscellaneous 2

4. **Verification**

   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee

   Central District Director

   Steve Jones

   Title

   04/28/2016

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 90.00
Date(s) 6/19/16
If no: Oakland Athletics
Name of Source
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First)

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

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

Livermore Valley Winegrapes
Weite Foundation for Arts
5565 Tesla Road Livermore CA 94550
18/4

4. Verification
A Mark 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 Holder or Designee
Lee Ann Fergerson
Print Name
Supervisor's Assistant
Title
(Date, Month, Year)

Comment: To add local organizations that support arts education and to support under-served children in areas of need including health, nutrition & education.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description [Provide Title/Explanation]
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $27.00
   Date(s) 5/28/16 (0, 1, 14)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   Name of Source Oakland Athletics
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   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 ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson
   Supervisor's Assistant
   Signature of Agency Head or Designee
   Print Name
   Title
   Date 2-11-16
   4-1-16
   (Month, Day, Year)

Comment: Help in fundraising efforts to provide free supportive companionship transportation for ambulatory patients undergoing cancer treatments in Fremont, Newark & Union City.
**Agency Report of:**

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

1. **Agency Name**
   - Alameda County

2. **Function or Event Information**
   - **Baseball**
   - **Event Description**: Provide Ticket/Pass Information
   - **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**: $27.00
   - **Date(s)**: 4/29/14, 5/16/16
   - **Name of Source**: 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.

<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>HERS Breast Cancer Foundation</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td>2500 Mowry Ave Ste 130</td>
<td></td>
<td>To reward a school or non-profit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

4. **Verification**
   - I have read and understand FPPC Regulations 18844.1 and 1892. I have verified that the distribution set forth above, is in accordance with the requirements.

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

   **Print Name**: Lee Ann Fergerson

   **Title**: Supervisor's Assistant

   **Date**: 4/12/16

   **Comment**: To raise funds for HERS Breast Cancer to provide services to breast cancer survivors.
# Agency Report of:

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

**1. Agency Name**

Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Lee Ann Ferguson, Supervisor's Assistant

Area Code/Phone Number (510) 272-6691

E-mail leeann.fergerson@acgov.org

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

Event Description: [Baseball](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 $ [ ]

Date(s) 7/15/16

If no: [Oakland Athletics](Name of Source)

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

---

**3. Recipients**

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following: Ceremonial Role [ ] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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>Alameda Health System Foundation</td>
<td>18/4</td>
<td>To reward a school or non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>350 Frank H. Ogawa Plaza, Suite 900 Oakland, CA 94610</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**4. Verification**

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

Lee Ann Ferguson

Print Name

Supervisor's Assistant

Title 6/12/16

(Month, Day, Year)

Signature or agency head or designee

[Comment: "Fundraiser for AHS new acute care tower"]

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Baseball
   Face Value of Each Ticket/Pass $27.30
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Date(s) 5/27/16
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   Name of Source Oakland Athletics
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

3. Recipients
   Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   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
   The Pajutes of Unsual Performing (PUPUS)
   P.O. Box 3252
   Fremont CA 94539
   To reward a school or non-profit organization for it's contributions to the community.

4. Verification
   A. I have read and understood FPPC Regulations 18944.1 and 18942. I declare that the distribution set forth above is in accordance with the requirements.
   B. Signature of Agency Head or Designee
   Print Name Lee Ann Ferguson
   Title Supervisor's Assistant
   Date 4/11/16
   (Month, Day, Year)

(FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

   Board of Supervisors

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x] 
   Face Value of Each Ticket/Pass $27.00
   Date(s): 7/1/16
   If no: Oakland Athletics
   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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      To promote attendance at a county sponsored event in order one 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
      To Reward a school or nonprofit organization for its contributions to the community.

4. Verification
   /s/ Lee Ann Ferguson
   Supervisor's Assistant
   4-11-16 [Month, Day, Year]

   Comment:
   To help raise funds for the High School Funds that have been cut.

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

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

2. Function or Event Information
   Does the agency have a ticket policy?
   Yes ☐ No ☐ Face Value of Each Ticket/Pass $27.80
   Event Description Baseball
   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☐ Date(s) 5/3/16
   Was ticket distribution made at the behest of agency official?
   No ☐ Yes ☐ If no:
   Name of Source Oakland Athletics
   Official's Name (Last, First) 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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below.

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

4. Verification
   I have read and understand FPPC Regulations 18944, 1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Supervisor's Assistant
   (Last, First)
   Date 4/11/16
   Comment: Please friends for sports
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 $ 27.00
Date(s) 5-30-16 6-18-16
Name of Source Oakland Athletics
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official’s Name (Last, First)

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

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

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

C. Name of Outside Organization (Include address and description)
Number of Ticket(s)/ Pass(es)
Describe the public purpose made pursuant to the agency’s policy
To reward a school or non-profit organization for its contributions to the community.

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

Signature of Agency Head or Designee
Lee Ann Fergerson
Print Name
Supervisor’s Assistant
Title
4-11-16 (Month, Day, Year)

Comment: raise funds for sports
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 [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 $134.00
Date(s) 4/10/16
If no: [Name of Source]
Alameda County Supervisor Scott Haggerty, D 1
If yes: [Official's Name (Last, First)]

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></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>Michelle Lillard</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head/Designee Lee Ann Fergerson Print Name
Supervisor's Assistant Title
Date 4/6/16 (Month, Day, Year)

Comment: [If applicable]
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
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 $ 27.00
Date(s) 5/31/16
Name of Source Oakland Athletics
If no: Alameda County Supervisor Scott Haggerty, District 1
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official’s Name (Last, First)

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

B. Name of Individual
(last, first)
Number of Ticket(s)/Pass(s):
Identify one of the following:
Income ☐
Ceremonial Role ☐ Other ☐
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
Tri-Valley YMCA
6693 Sierra Lane Suite F Dublin (CA 94562)
2
To reward a school or non-profit organization for it's contributions to the community.

4. Verification
Signature of Agency Head or Designee
Lee Ann Fergerson
Print Name

Supervisor’s Assistant
4/11/16
Tate
(Month, Day, Year)

Comment: Throughs directly fund life changing programs for children with Tri-Valley

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)
Lee Ann Ferguson, 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 BASEBALL
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 $80.00
Date(s) 5/29/10
If no: Oakland Athletics
Name of Source
If yes: Alameda County Supervisor Scott Haggerty, D 1
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit
Number of Ticket(s)/Pass(es) 1
Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)
Number of Ticket(s)/Pass(es) 18/4
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (Include address and description)
Number of Ticket(s)/Pass(es) 12
Describe the public purpose made pursuant to the agency's policy
Washington Hospital Health Care Foundation 2000 Mowry Avenue Fremont CA 94538
To Reward a school or nonprofit organization for its contributions to the community.

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

Lee Ann Ferguson
Supervisor's Assistant

Comment: Raising funds for surgical supplies

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Ferguson, Supervisor's Assistant
Area Code/Phone Number (510) 272-6691
E-mail leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description 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 $ 278.53
Date(s) May 1, 16 5, 2, 16
If no: Oakland Athletics
Name of Source
If yes: Alameda County Supervisor Scott Haggerty, District 1
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 purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Name of Individual

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

C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fremont Parents Nursery School 4200 Alder Ave, Fremont CA 94536</td>
<td>2</td>
<td>To Reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand 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

Comment: Wine tasting & Silent Auction Fundraiser for Supplies for Children.
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

#### 1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors

#### 2. Event or Event Information
- **Does the agency have a ticket policy?** Yes ☐ No ☒
- **Event Description:** Baseball 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:** $112.50
- **Date(s):** 04/02/16
- **If no,** Oakland A's
- **If yes,** Chan, Wiirri

#### 3. Recipients
- **Name of Agency, Department or Unit:**
- **Name of Individual:**
- **Number of Ticket(s)/Pass(es):**
- **Describe the public purpose made pursuant to the agency's policy:** To promote attendance of an event held at a County facility in order to maximize potential County revenue.

---

#### 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>Alameda Point Collaborative</td>
<td>3</td>
<td>To promote attendance of an event held at a County facility in order to maximize potential County revenue.</td>
</tr>
</tbody>
</table>

---

**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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Baseball 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 $27
   Date(s): 04/15/16
   Name of Source: Oakland A's
   If yes: Chan, Wilma
   Officer's Name (Last, First):

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

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

B. Name of Individual | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
--- | --- | ---
Italiano, Michael | 2 | Ceremonial Role ☐ Other ☐ Income ☐
To promote attendance at an event held at a County facility in order to maximize potential County revenue...
--- | --- | ---

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

4. Verification
   I have reviewed and understand FPPC Regulations 18240 and 18243. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Steven Jones
Print Name: Central District Director
Title: 04/08/2016
(Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Baseball 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 $27
Date(s) 04/07/16
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Steven Jones 
Print Name Central District Director 04/08/2016 (Month, Day, Year)

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

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

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

Date Stamp

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Baseball game
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 $35
Date(s) 04/04/16
If no: Oakland A's
Name of Source
If yes: Chan. Wilma
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angulo, Jesus</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and 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

04/08/2016 (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 E-mail
   (510) 272-6893
   steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $35
   Date(s) 04 /02 /16
   Location Oakland A's
   Name of Source Chan, Wilma
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</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>Alameda Point Collaborative</td>
<td>677 W Ranger Ave Alameda, CA 94501</td>
<td>2</td>
</tr>
<tr>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
<td></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>
<td></td>
</tr>
</tbody>
</table>

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

   Steven Jones
   Central District Director
   04/09/2016

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $527
   Date(s) 04 / 11 / 16
   If no: Oakland A’s
   Name of Source
   If yes: Chan, Wilma
   Officer's Name (Last First)
   Number of Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Number of 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</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>Daniels, Courtney</td>
<td>2</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>

A. Verification
I, [Name], [Title], do hereby certify that the distribution set forth above, is in accordance with the requirements.

Steven Jones
Central District Director
04/09/2016
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Face Value of Each Ticket/Pass $27
Date(s): 04/06/16
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></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>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</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</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Certification
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
04/08/2016 (Month, Day, Year)

Comment: 
1. **Agency Name**
   Alameda County

   **Division, Department, or Region (If Applicable)**

   Board of Supervisors

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

   Steven Jones

   **Area Code/Phone Number** (510) 272-8993

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

   **Date Stamp**

   **A Public Document**

   **California Form 802**

   **For Official Use Only**

   **Date of Original Filing**

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

2. **Function or Event Information**

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

   **Event Description** Baseball game

   **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 $** $100

   **Date(s)** 04/04/16

   **Name of Source**

   **Officials Name (Last, First)**

   **If no:** Oakland A's

   **If yes:** Chan, Wilma

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 choosing “Ceremonial Role” or “Other” describe below.

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

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

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

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

   **Signature of Agency Head or Designee**

   **Print Name**

   **Central District Director**

   **Print Name**

   **Title**

   **Date** 04/08/2016

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

   **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) 272-5693
E-mail: steven.jones@acgov.org

2. Function or Event information
Does the agency have a ticket policy? Yes ☐ No ☒
Event Description: Baseball game
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 $27
Date(s) 04 / 05 / 16
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lad, Emily</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

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

4. Verification
I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones
Central District Director
04/05/2016
(Month, Day, Year)

Signature of Agency Head or Designee
Print Name
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   - Alameda County
   - Board of Supervisors

2. **Function or Event Information**
   - **Name of Agency, Department, or Unit:**
     - Baseball game
   - **Date(s):** 04 / 12 / 16
   - **Face Value of Each Ticket/Pass:** $27
   - **Ticket(s)/Pass(es) provided by agency:**
     - Yes ☑ No ☐
   - **Was ticket distribution made at the behest of agency official?:**
     - Yes ☑ No ☐
   - **If yes:** Chan, Wilma
   - **If no:** Oakland A's

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 (first and last):**
     - **Number of Ticket(s)/Pass(es):**
     - **Identify one of the following:**
       - Ceremonial Role ☐
       - Other ☐
       - Income ☐
     - To promote attendance at a(n) [event held at a County facility in order to maximize potential County revenue...]
   - **C. Name of Outside Organization (include address and description):**
     - **Number of Ticket(s)/Pass(es):**
     - **Describe the public purpose made pursuant to the agency's policy:**

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Signature of Agency Head or Designee:**
   - **Print Name:**
   - **Central District Director:**
     - **Title:**
     - **Date:** 04/08/2016
     - (Month, Day, Year)

---

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

1. Agency Name
Alameda County

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

Event Description
Baseball game

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

Was ticket distribution made at the behest of a single person?
No [ ] Yes [ ]

Face Value of Each Ticket/Pass $32

Date(s) 04/16

Name of Source
Oakland A's

If yes:
Chan, Wilma

Official's Position Last, First

3. Recipient(s)

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Number of Tickets/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gin, Hal</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18044.3 and 19942. I have verified that the distribution of tickets/ passes is in accordance with the requirements.

Steven Jones
Central District Director
04/08/2016
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Steven Jones
Area Code/Phone Number (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 Baseball game
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 $35
Date(s) 04 / 30 / 16
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
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 Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Identify one of the following:

Eng, Aimee 2 Ceremonial Role ☐ Other ☐ Income ☐ To promote attendance at an event held at a County facility in order to maximize potential County revenue...

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

4. Verification
I, ____________________________________________, have read and understand FPPC Regulation 18917 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
04/28/2016
(Month, Day, Year)

Comment:

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 1. Agency Name
- **Alameda County**
- **Division, Department, or Region (If Applicable):**
- **Board of Supervisors**
- **Designated Agency Contact:**
  - **Name:** Steven Jones
  - **Phone Number:** (510) 272-6693
  - **E-mail:** steven.jones@acgov.org

### 2. Function or Event Information
- **Event Description:** Baseball game
- **Ticket(s)/Pass(es) provided by agency:** Yes [x] No [ ]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **Face Value of Each Ticket/Pass:** $90
- **Date(s):** 04 / 17 / 16
- **If no:** Oakland A's
- **Name of Source:** Chan, Wilma
- **Official's Name (Last, First):**

### 3. Recipients
- **A. Name of Agency, Department or Unit**
- **Number of Tickets/Passes:**
- **Describe the public purpose made pursuant to the agency's policy**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diaz, Nicholas</td>
<td>3</td>
<td>To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

### 4. Verification
- **Signature of Agency Head or Designee:**
- **Central District Director:**
- **Date:** 04/11/2016

**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
   Baseball 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 $ 90

   Date(s) 04 / 17 / 16

   If no: Oakland A’s
   Name of Source
   Chan, Wilma

   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit

   Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual

   McCormick, Mike

   Number of Ticket(s)/Pass(es) 1

   Identity 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...

   C. Name of Outside Organization

   (Include address and description)

   Number of Ticket(s)/Pass(es) 1

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

4. Verification
   I have read and understand (FPPC, Regulations 1944, 1, and 1994). I have verified that the distribution set forth above is in accordance with the requirements.

   Steven Jones
   Central District Director
   04/28/2016

   Print Name

   Central District Director

   (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

**Agency Name**
Alameda County

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

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

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

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

---

**Date Stamp**
 california Form 802
For Official Use Only

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

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

---

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Event Description**
  - Basketball game
  - Provide Title/Explanation
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **Was ticket distribution made at the behest of agency official?**
  - No [ ] Yes [X]

**Face Value of Each Ticket/Pass $**
700/600

**Date(s)**
3 / 1 / 16
3 / 7 / 16

If no:

**Name of Source**
GSW

If yes:

**Name of Individual (Last, First)**
Miley, Nate

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

---

### 3. Recipients

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mosley, May</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>
<tr>
<td>Chan, Zoe</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love Never Fails - 6937 Village Parkway #2074, Dublin 94568</td>
<td>4</td>
<td>To reward a nonprofit for its contribution to the community.</td>
</tr>
</tbody>
</table>

**HUMAN TRAFFICKING SURVIVORS SUPPORT**

---

### 4. Verification

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

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

**Print Name**

**Operations Chief**

**Title**

**Date**
April 1, 2016

(Month, Day, Year)

---

**Comment:**
Mosley received 3/1/16

---

**FPPC Form 802 (4/12)**
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. **Agency Name**
   - Alameda County
   - Division, Department, or Region (If Applicable)
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
     - Anna Gee
   - Area Code/Phone Number: (510) 272-6694
   - E-mail: anna.gee@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Event Description: 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 $ 700/600
   - Date(s) 3/9/16 3/11/16
   - If no: GSW
   - Name of Source
   - Official’s Name (Last, First) Miley, Nate

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

   **B. Name of Individual (Last, First)**
   - **Number of Ticket(s)/Pass(es)**
   - **Identify one of the following:**
     - Ceremonial Role ☐ Other ☒ Income ☐
     - 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**
   - Signature of Agency Head or Designee
   - Anna Gee
   - Print Name
   - Operations Chief
   - Title
   - April 1, 2016 (Month, Day, Year)

Comment: Tucker received 3/11 tick.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

Agency Name
Alameda County

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

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

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes □ No □
- **Event Description**: 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**: $1100.00/700.00
- **Date(s)**: 3 / 16 / 16, 3 / 25 / 16
- **If no**: GSW
- **Name of Source**: Miley, Nate
- **Official’s Name (Last, First)**: [Signature]

### 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 Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunlap, Kamika</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Arritola, Kathy</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

### A. Verification
- **Signature of Agency Head or Designee**: [Signature]
- **Print Name**: Anna Gee
- **Title**: Operations Chief
- **Date**: April 1, 2016

**Comment**: Dunlap received 3/16 tx.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

Agency Name
Alameda County

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<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>Jackson, Matthew</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>

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>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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Event Description: Basketball game
   - 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 $: 350.00/700.00
   - Date(s): 3 / 27 / 16  3 / 29 / 16
   - If no: GSW  
     - Name of Source: Miley, Nate
     - Official’s Name (Last, First): Miley, Nate

3. **Recipients**
   - **A.** Name of Agency, Department or Unit
     - BOS district 4 staff
     - Number of Ticket(s)/Pass(es): 2
     - 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 (Last, First)
     - Jackson, Dwight
     - Number of Ticket(s)/Pass(es): 2
     - Ceremonial Role ☐ Other ☒ Income ☒
     - If checking “Ceremonial Role” or “Other” describe below:
     - To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

   - **C.** Name of Outside Organization (Include address and description)
     - soroptimist international of east bay-PO Box 2581, Castro Valley 94546
     - Number of Ticket(s)/Pass(es): 2
     - Describe the public purpose made pursuant to the agency’s policy: To reward a non profit organization for its contributions to the community.

4. **Verification**
   - Anna Gee  
   - Operations Chief
   - April 1, 2016

Comment: soroptimist and jackson received 3/27 tiix.
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
   [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 $ 1.00

   Date(s) 12, 15, 2015

   If no: 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 Tickets/Pass(es)

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

   B. Name of Individual

   Number of Tickets/Pass(es)

   Identify one of the following:

   Ceremonial Role □ Other □

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

   Income □

   Ceremonial Role □ Other □

   Income □

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

   C. Name of Outside Organization

   (Include address and description)

   Number of Tickets/Pass(es)

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

   (Blank)

   To Reward a school or nonprofit organization for its contributions to the community.

4. Verification

   Lee Ann Fergerson

   Supervisor's Assistant

   Signature of Agency, Chairperson or Designee

   [Signature]

   Title:

   Date: 10/9/15

   Comment:

   [Sexual Assault Counseling for ever Victims]

   4th Annual Latino Gala

   FPPC Form 802 (4/12)

   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☑ No ☐</th>
<th>Face Value of Each Ticket/Pass</th>
<th>$80.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Baseball</td>
<td>Date(s)</td>
<td>8/11/16</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☑ No ☐</td>
<td>If no:</td>
<td>Oakland Athletics</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☐ Yes ☑</td>
<td>If yes:</td>
<td>Alameda County Supervisor Scott Haggerty, District 1</td>
</tr>
</tbody>
</table>

3. Recipients

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Altos College Foundation</td>
<td>18/4</td>
<td>To reward a school or non-profit organization for it's contributions to the community.</td>
</tr>
</tbody>
</table>

4. Verification

Signed by Lee Ann Fergerson, Supervisor's Assistant | 4/30/16

Comment: 2016 Best of the Best Gala. 13th Annual to maximize the profit for the foundations continuing support of the college.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Baseball
   Provide Ticket/Pass(es) for event?
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 27.00
   Date(s) 4/30/16 5/4/16
   Name of Source Oakland Athletics
   If no: ___
   If yes: Alameda County Supervisor Scott Haggerty, District 1

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

<table>
<thead>
<tr>
<th>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>Woodrow Wilson Elementary School</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concessions and parking sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>22502 Woodrow Ave, Hayward, CA 94541</td>
<td></td>
<td>To reward a school or non-profit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

4. Verification
   I, Lee Ann Ferguson, certify that the distribution set forth above, is in accordance with the requirements.
   Date 4/28/10

Comment: Spring Fling Fundraiser. 100% proceeds go to installation of Play Structures and Indoor Improvements.
 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) 272-6641
E-mail leean.fergerson@ac.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: Baseball 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 $ 27.00
Date(s) 5/29/16 5/18/16
If no: Oakland Athletics
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
Name of Outside Organization
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency's policy

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

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

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

4. Verification
18944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson
Supervisor's Assistant

Comment: Unionist of the Year Dinner - to raise funds for their solidarity 2016

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Baseball
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass: $27.00
   Date(s): 4/7/16
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I 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
   Lee Ann Fergerson
   Print Name
   Supervisor's Assistant
   (Month, Day, Year)

   Comment:

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

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

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (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
   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 $ 27.00
   Date(s) 4-7-16
   Name of Source
   If no: Oakland Athletics
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Craig Bueno | 2 | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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

4. Verification
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Print Name
   Supervisor's Assistant
   Title
   Date 4/24/16
   (Month, Day, Year)

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

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

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☐  No ☐  
Face Value of Each Ticket/Pass $ 3000  
Date(s)  
4.5.16  
Event Description  
Baseball  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐  No ☐  
If no:  
Oakland Athletics  
Name of Source  
If yes:  
Alameda County Supervisor Scott Haggerty, District 1  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   
   DISTRICT 1
   2
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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  
18944.1 and 18642. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson  
Print Name  
Supervisor's Assistant  
Title  
4/26/16  
(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)
Lee Ann Fergerson, Supervisor's Assistant
Area Code/Phone Number (510) 272-6691
E-mail leean.fergerson@acgov.org

Date Stamp

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

2. Function or Event Information

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

Event Description: Baseball
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 $32.00

Date(s) 4/2/16

If no: Name of Source Oakland Athletics

If yes: Name of Source Alameda County Supervisor Scott Haggerty, District 1

3. Recipients

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

A. Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es) 2

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

B. Name of Individual (Last, First)

Jim McGrail

Number of Ticket(s)/Pass(es) 2

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:

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

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 Fergeron, Supervisor's Assistant
Area Code/Phone Number (510) 272-6991
E-mail leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [x] Face Value of Each Ticket/Pass $12.50
Event Description [ ]
Provide Ticket/Pass
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
Was ticket distribution made at the behest of agency official? No [x] Yes [ ]

If no: [ ]
Name of Source [Oakland Athletics]
If yes: [ ]
Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(s)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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(s)</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
18644.1 and 18642. I have verified that the distribution set forth above, is in accordance with the requirements.

[ ] Signature of Agency Head or Designee

Lee Ann Fergeron
Print Name
Supervisor's Assistant
Title

[ ] (Month, Day, Year) 4/26/16

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

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☐ No ☐  
Event Description [WARRIORS]
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☐  
If yes,  
Was ticket distribution made at the behest of agency official?  
No ☐ Yes ☐  
If yes,  
Face Value of Each Ticket/Pass $ 5,000
Date(s) 4/27/16
Name of Source GSW
If no,  
Name of Source Alameda County Supervisor Scott Haggerty, D1
Official’s Name (Last, First)

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

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

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

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

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

Lee Ann Ferguson  
Print Name
 Supervisor’s Assistant  
Title

(5/18/16)  
(Full Date)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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

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

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

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

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

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

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

Signature of Agency Head/Designee  
Lee Ann Ferguson  
Print Name  
Supervisor's Assistant  
Title

Date  
4/20/16

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

1. **Agency Name**
   - Alameda County

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes [ ] No [x]  
   - **Face Value of Each Ticket/Pass**
     - $32.00
   - **Date(s)**
     - 8, 12, 16
   - **Event Description**
     - A's game
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes [ ] No [x]  
   - **If no, Name of Source**
     - Oakland Athletics
   - **Alameda County Supervisor Scott Haggerty, D 1.**
   - **Was ticket distribution made at the behest of agency official?**
     - No [ ] Yes [x]  
   - **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.**
   - **Identify one of the following:**
     - Ceremonial Role [ ] Other [ ] Income [ ]
     - If checking "Ceremonial Role" or "Other" describe below:
   - **Name of Individual**
     - [blank]
     - [blank]
   - **Number of Ticket(s)/Pass(es)**
     - [blank]
     - [blank]
   - **Number of Ticket(s)/Pass(es)**
     - [blank]
     - [blank]
   - **Describe the purpose made pursuant to the agency’s policy**
     - To Reward a school or nonprofit organization for its contributions to the community.
   - **Name of Outside Organization**
     - [blank]
     - [blank]
   - **Number of Ticket(s)/Pass(es)**
     - [blank]
     - [blank]
   - **Describe the purpose made pursuant to the agency’s policy**
     - [blank]

4. **Verification**
   - **Signature of Agency Head or Designee**
   - Lee Ann Ferguson
   - Supervisor’s Assistant
   - 4/25/16
   - **Print Name**
   - [blank]
   - **Title**
   - [blank]

**Comment:**
To serve individuals & groups in the Livermore community such as: older, disabled, struggling families, youth organizations, schools, clergy, veterans, scholarships and many others.
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: The Class Reunion
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 $ 75.50
Date(s) 4/12/16
If no: ☐
Name of Source (GSM)

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

A. Name of Agency, Department or Unit District 5
Number of Ticket(s)/Pass(es): 4
Describe the public purpose made pursuant to the agency's policy To reward a county employee for his or her exemplary service to the public

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

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

4. Verification
Signature of Agency Designee Lee Ann Fergerson
Print Name 
Supervisor's Assistant 
Title 
Date 4/21/16

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 Ferguson, Supervisor's Assistant

   Area Code/Phone Number
   (510) 272-6691

   E-mail
   leeann.fergerson@ac.gov

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

   Event Description
   BASKETBALL

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

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

   Face Value of Each Ticket/Pass
   $5,000.00

   Date(s)
   4/16/16

   Name of Source
   Alameda County Supervisor Scott Haggerty, D 1

   Official's Name (Last, First)

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

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

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

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

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

   Lee Ann Ferguson
   Print Name
   Supervisor's Assistant
   Title
   4/18/16

   (Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6891
   E-mail leean.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 ☐  
   Face Value of Each Ticket/Pass $32.00
   Date(s) 4/10, 1/6
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official’s Name (Last, First)

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

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

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

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

4. Verification
   944.1 and 16942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Print Name
   Supervisor’s Assistant
   4-18-16
   (Month, Day, Year)

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: 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 $_________
   Date(s) ____________
   Name of Source: Oakland Athletics
   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>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>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<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>

Verification: 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Lee Ann Ferguson
Print Name
Supervisor's Assistant
Title

4-18-10
(Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: Baseball/Mariners
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 $92.00
Date(s) 8/12/16
If no: Name of Source: Oakland Athletics
If yes: Official's Name (Last, First) 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: Ceremonial Role ☐ Other ☐
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
Sunflower Hill P.O. Box 11436 Pleasanton CA 94588 18/4 To Reward a school or nonprofit organization for its contributions to the community.

4. Verification
16844.1 and 18542. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson
Print Name
Supervisor’s Assistant
Title

Signature of Agency Head or Designee

Comment: All proceeds further the mission of creating an intentional community for individuals with special needs

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

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

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

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy?
Yes ☐ No ☐
Event Description Base-ball
Provide Title/Explanations
Ticket(s)/Pass(es) provided by agency?
Yes ☐ No ☐
If no: Oakland Athletics
Name of Source
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit

B. Number of Ticket(s)/ 
Pass(es)

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

B. Name of Individual
(Rank, Title)

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

Lee Ann Fergerson
Supervisor’s Assistant
Print Name
Title

Comment: Promised last year - will proceed help further their mission of creating an intentional community for individuals with special needs.

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? [ ] Yes [ ] No
   - Event Description: [ ] 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: **$50.00**
   - Date(s): 6/22/16
   - If no: [ ]
   - Name of Source: [ ] Oakland Athletics
   - If yes: [ ]
     - Alameda County Supervisor Scott Haggerty, District 1

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

   - **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)
     - TV 30 Foundation
     - 4507 Bernal Avenue
     - Pleasonton, CA 94566
     - **Number of Ticket(s)/Pass(es)**
     - 1/4
     - **Describe the public purpose made pursuant to the agency's policy**
       - To reward a school or non-profit organization for its contributions to the community.

4. **Verification**
   - Lee Ann Ferguson
   - Supervisor's Assistant
   - Date: 4-13-16
   - Comment: Outstanding High School Scholarship Awards
     - Fundraiser to promote physical and academic education in high school students and encourage positive life-long good citizens through teamwork.
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 ☐
   Face Value of Each Ticket/Pass $ 27.00
   Date(s) 4/13/16
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Oakland Athletics
   Name of Source
   If no: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

   B. Name of Individual
      Last, First: Vic Arguña
      Number of Ticket(s)/Pass(es): 2
      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
   s 16944.1 and 16942, I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name 4-13-16
   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 (510) 272-6691
   - E-mail: leean.ferguson@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? Yes [ ☐ ] No [ ☐ ]
   - Face Value of Each Ticket/Pass $ 27.00
   - Date(s): 4/15/16
   - If no: **Oakland Athletics**
     - Name of Source: Alameda County Supervisor Scott Haggerty, District 1
     - If yes: **Alameda County Supervisor Scott Haggerty, District 1**

3. **Recipients**

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

   **B. Name of Individual**
   **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 [ ]

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

4. **Verification**
   - 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature of Agency Head or Designee: Lee Ann Fergerson
   - Supervisor’s Assistant: [Print Name]
   - Title: [Title]
   - Date (Month, Day, Year): 4/13/16

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Steven Jones

   Area Code/Phone Number
   (510) 272-6693

   E-mail
   steven.jones@acgov.org

   Date Stamp

   Amendment
   (Must provide explanation in Part 3.)

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

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

   Event Description
   Baseball game

   Provide Title/Explanation

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

   If no:
   Oakland A's
   Name of Source

   If yes:
   Chan, Wilma
   Name of Source (Last, First)

   Date(s)
   05 / 17 / 16

   Face Value of Each Ticket/Pass $ 27

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

   Ceremonial Role ☐ Other ☐ Income ☐

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

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

   Number of Ticket(s)/Pass(es)

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

4. Verification

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

   Steven Jones
   Central District Director
   04/05/2016
   (Month, Day, Year)

   Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number (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 $ 27
   Event Description Baseball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☑
   If yes: Chan, Wilma
   Official's Name (Last, First)
   Date(s) 05 / 04 / 16

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 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
   04/08/2016
   (Month, Day, Year)

Comment: