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

1. Agency Name
Oakland Alameda County Coliseum Authority
Nate Miley, Commissioner
Eva Poon

Area Code/Phone Number: (510) 670-5964
E-mail: eva.poon@acgov.org

Date Stamp: 
California Form 802
For Official Use Only

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass: $5000

Event Description: Basketball Game
Date(s): 6/13/16
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: GSW
Name of Source: Miley, Nate
Official's Name (Last, First): Miley, Nate

3. Recipients

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

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

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

   Rendel, Rachel | 3 | Ceremonial Role ☐ Other ☑ Income ☐
   To promote the Coliseum Complex for use by the general public and businesses to maximize revenues
   Ceremonial Role ☐ Other ☐ Income ☐

C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | 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: Eva Poon
Print Name: Eva Poon
Administrative Assistant: Eva Poon
Title: Administrative Assistant
Date: 6/29/16

Comment: Rendel received 2 tickets to the game and 1 parking pass

FFPC Form 802 (2/2016)
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)
   Eva Poon
   Area Code/Phone Number
   (510) 670-5964
   E-mail
   eva.poon@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $32.00
   Event Description: Baseball game
   Date(s) 6 / 19 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Miley, Nate

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Passes
      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)/Passes
      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
   Eva Poon
   Administrative Assistant
   6/29/16 (month, day, year)
   Print Name
   Title
   Comment:

FPPC Form 802 (2/2016)
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)
   Eva Poon
   Area Code/Phone Number
   (510) 670-5964
   E-mail
   eva.poon@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No No
   Face Value of Each Ticket/Pass $ 32.00
   Event Description: Baseball game
   Date(s) 6 / 17 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   Name of Source
   If yes: Miley, Nate
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      Number of Ticket(s)/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” describe below:

   C. Name of Outside Organization
      Number of Ticket(s)/Passes
      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
   Eva Poon
   Administrative Assistant
   6/29/16
   (month, day, year)
   Print Name
   Title
   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)
   Eva Poon
   Area Code/Phone Number
   (510) 670-5964
   E-mail
   eva.poon@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $20
   Event Description: Basketball game viewing
   Date(s) 6 / 10 / 16 6 / 16 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: GSW
   Name of Source
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Passes</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>
</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
   Eva Poon
   Administrative Assistant
   6/29/16

   Comment: 6/10/16 tickets given to Stephanie; 6/16/16 tickets given to Bina
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

Date Stamp
California Form 802
For Official Use Only

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒
Face Value of Each Ticket/Pass $ 20.00

Event Description: Warriors vs. Thunder
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: 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
Board of Supervisors District 5 4 To reward a County employee for his or her exemplary service to the public or to encourage staff development.

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

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

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

4. Verification
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
Amy Shrago
Print Name
Supervisor's Assistant
Title
05/31/16 (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)
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 $ $80/$20 parking
Event Description Baseball game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 05 / 27 / 16
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)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
<td></td>
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</tr>
</tbody>
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<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☑ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martinez, Cheryl</td>
<td>10/2</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>
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</table>

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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.

Signature of Agency Head or Designee: Steven Jones
Print Name: Central District Director: 06.01.2016
(Month, Day, Year)

Comment:

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

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

Date Stamp
California Form 802
For Official Use Only

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $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)

3. Recipients

* Use Section 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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<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<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>Guzman, Silvia</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...</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>
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<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Steven Jones
Print Name
Central District Director
Title
06.01.2016 (Month, Day, Year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (If Applicable)
   Sheriff's Office
   Designated Agency Contact (Name, Title)
   Casey Nice, Assistant Sheriff
   Area Code/Phone Number: 510 208-9811
   E-mail: cnice@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass: $50.00
   Event Description: The Who concert
   Date(s): 5/19/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: AEG
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
   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
      Alameda County Sheriff's Office Employees
      200
      To promote attendance at an event held at County facility in order to maximize potential county revenue from parking and concession sales

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      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
   Casey Nice
   Assistant Sheriff
   Title
   Date: 6-21-16
   Comment: Tickets received from promoter and distributed to employees
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nancy Sa
   Area Code/Phone Number (510) 272-6692
   E-mail nancy.sa@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 30.00
   Event Description Oakland A's vs. Minnesota Twins
   Date(s) 06 / 01 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dobro, Joyce</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.</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>
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</table>

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<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee ___________________________
Nancy Sa
Supervisor's Assistant ___________________________

Date (Month, Day, Year) 06/27/14

Comment: ____________________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. Agency Name
   Alameda County
   Board of Supervisors

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Event Description: Oakland A's vs. Texas Rangers
   Date(s): 06/13/16
   Face Value of Each Ticket/Pass $30.00
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source: Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Name of Source: Valle, Richard- Supervisor District 2

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☑ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To 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 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Nancy Sa
   Supervisor's Assistant: (Last, First)
   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)
Nancy Sa
Area Code/Phone Number (510) 272-6692
E-mail nancy.sa@acgov.org

## 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Face Value of Each Ticket/Pass** $34.00
- **Event Description** Oakland A's vs. Texas Rangers
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
- **Date(s)** 06 / 14 / 16
- **Name of Source**
- **Name of Agency (Last, First)**

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

### A.

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

### B.

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

### C.

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<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**
**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
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 12.00
   Event Description Alameda County Fair
   Date(s) 06 / 15 / 16 07 / 04 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Alameda County Fair Association
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

3. Recipients
   • Use Section A to identify the agency's department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the 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 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
   Title
   Supervisor’s Assistant
   (Month, Day, Year)
   Comment: Includes one parking pass at the value of $10.
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 $ 12.00
   Event Description Alameda County Fair
   Date(s) 06 / 15 / 16 07 / 04 / 16
   Ticket(s)/Pass(es) provided by agency? [Yes ☐ No ☑]
   If no: Alameda County Fair Association
   Name of Source
   Was ticket distribution made at the behest of agency official? [No ☑ Yes ☐]
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☑ Other ☐ Income ☑
      If checking “Ceremonial Role” or “Other” describe below:
      McDonald, Eileen
      4
      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
   Supervisor’s Assistant
   Print Name
   Title
   (Month, Day, Year)

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

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)
Nancy Sa

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

Date Stamp

California Form 802  
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

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

Face Value of Each Ticket/Pass $ 30.00

Event Description  Oakland A's vs. Texas Rangers

Provide Title/Explanation

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

Date(s)  06 / 15 / 16

If no:  Oakland Athletics

Name of Source

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

If yes:  Valle, Richard- Supervisor District 2

Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Name of Individual</td>
<td>Number of Ticket(s)/ Pass(es)</td>
<td>Identify one of the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>
<tr>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Name of Outside Organization</td>
<td>Number of Ticket(s)/ Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td>(Include address and description)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 886/ASK-FPPC (886/275-7772)
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 [x] No [ ]
   Face Value of Each Ticket/Pass $30.00
   Event Description Oakland A's vs. Texas Rangers
   Date(s) 06 / 16 / 16
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Name of Source Oakland Athletics
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   Name of Source Valie, 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:
   Dutton, John | 2 | Ceremonial Role [ ] Other [x] 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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Nancy Sa
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year) 4/27/14

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

**Date Stamp**

**A Public Document**

**Form 802**
For Official Use Only

**2. Function or Event Information**

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

**Face Value of Each Ticket/Pass $**
80.00

**Event Description**
Oakland A's vs. Texas Rangers

**Provide Title/Explanation**

**Date(s) 06 / 16 / 16**

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

**If no:**
Oakland Athletics

**Name of Source**

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

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

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

### 3. Recipients

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

<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>

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

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

#### B. Name of Individual

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

#### C. Name of Outside Organization

<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>Hayward Education Foundation</td>
<td>18</td>
<td>To support a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>(include address and description)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Assists educators with funding to strengthen standards in our 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**
Nancy Sa

**Print Name**

**Title**

**Signature of Supervisor's Assistant**

**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)**
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 [x]  
  **Face Value of Each Ticket/Pass $** 90.00

- **Event Description** Oakland A's vs. Texas Rangers  
  **Date(s)** 06 / 17 / 16

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

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

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

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

**B. Name of Individual**

| 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)

<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>Hayward Area Historical Society 22380 Foothill Blvd, Hayward, CA 94541</td>
<td>3</td>
<td>To support 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 Assistant  
**Title**

**(Month, Day, Year)**

Comment: Includes one parking pass 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

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

## 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Face Value of Each Ticket/Pass** $38.00
- **Event Description** Oakland A's vs. Texas Rangers
  
  **Provide Title/Explanation**

- **Date(s)** 06 / 17 / 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

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Ceremonial Role</strong> ☑ <strong>Other</strong> ☐ <strong>Income</strong> ☐</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><strong>Ceremonial Role</strong> ☑ <strong>Other</strong> ☐ <strong>Income</strong> ☐</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>Eden Area YMCA 951 Palisade St, Hayward, CA 94542</td>
<td>2</td>
<td>To support a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Provides resources for healthy living, child care, and education.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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** Nancy Sa

**Print Name** [Signature]

**Supervisor's Assistant Title**

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

Comment: 

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

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

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

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

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

   **Face Value of Each Ticket/Pass**
   $38.00

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description**
     Oakland A's vs. Los Angeles Angels
   - **Date(s)**
     06 / 18 / 16
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑

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**

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

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

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

   **Name of Outside Organization**
   (Include address and description)
   Eden Area YMCA
   951 Palisade St, Hayward, CA 94542

   **Number of Ticket(s)/Pass(es)**
   2

   **Describe the public purpose made pursuant to the agency’s policy**
   To support a non-profit organization for its contributions to the community.

   **Provides resources for healthy living, child care, and education.**

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nancy Sa
   Area Code/Phone Number (510) 272-6692
   E-mail nancy.sa@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 40.00
   Event Description Oakland A's vs. Los Angeles Angels
   Date(s) 06 / 19 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   Name of Source
   If yes: Valie, Richard- Supervisor District 2
   Name of Source
   Official's Name (Last, First)

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

   B. Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Ceremonial Role ☐ Other ☑ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   Romero, Kathleen
   Description: 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

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

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

Comment: ____________________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Nancy Sa
Area Code/Phone Number (510) 272-6692
E-mail nancy.sa@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 30.00
Event Description Oakland A's vs. Milwaukee Brewers
Date(s) 06 / 21 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Athletics
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

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

B. Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☒ Income ☐
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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Nancy Sa Supervisor’s Assistant
Print Name Title
(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: (510) 272-6692
   E-mail: nancy.sa@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $30.00
   Event Description: Oakland A's vs. Milwaukee Brewers
   Date(s): 06/22/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   Name of Source: 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)
      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

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

   Signature of Agency Head or Designee: Nancy Sa
   Supervisor’s Assistant: [Signature] [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
   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. San Francisco Giants
   Face Value of Each Ticket/Pass $ 52.00
   Date(s): 06 / 29 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   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 ☐
      - 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
      Sunol Glen Community Club
      11601 Main Street Sunol, CA 94586
      2
      To support a non-profit organization for its contributions to the community.
      Provides volunteer and financial help with the programs/events at Sunol Glen.

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Nancy Sa
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)
   Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nancy Sa
   Area Code/Phone Number (510) 272-6692
   E-mail nancy.sa@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $56.00
   Event Description Oakland A’s vs. San Francisco Giants
   Date(s) 06/30/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

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

   Valle, Richard 2 | ceremonial role ☐ other ☒ income ☐
   If checking “ceremonial role” or "other” describe below:
   To obtain oversight of facilities or events that have received County funding or support.

   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 Supervisor’s Assistant
   Print Name
   Title (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number (510) 272-6683
   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 $12 pass / $10 parking
   Event Description Alameda County Fair
   Provide Title/Explanation
   Date(s) 06 / 15 / 16 07 / 04 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Alameda County Fair
   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
   Alameda County Board of Supervisors - District 3 30 pass To reward a County employee for his or her exemplary service to the public or to encourage staff development
   1221 Oak St., Oakland, CA 94612 8 park

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Steven Jones Central District Director
   Print Name Title
   07/12/2016 (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 ☐
   Face Value of Each Ticket/Pass $12 Pass
   Event Description Alameda County Fair
   Date(s) 06 / 15 / 16 07 / 04 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source Alameda County Fair
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Official's Name (Last, First) 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) 25 pass
      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...

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 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 07/12/2016
   (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) 272-6693

**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 $**

$12 pass

**Event Description**

Alameda County Fair

**Provide Title/Explanation**

**Date(s)**

06 / 15 / 16

07 / 04 / 16

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

- Yes [x]
- No [ ]

**If no:**

Name of Source

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

- No [ ]
- Yes [x]

**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 (Last, First)**
  - **Number of Ticket(s)/Pass(es)**
  - **Identify one of the following:**
    - **Ceremonial Role**
    - **Other**
    - **Income**
  - **Ceremonial Role**
  - **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 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**

07/12/2016

(Month, Day, Year)

Comment: ____________________________

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
<table>
<thead>
<tr>
<th>Name</th>
<th>No. of 2 for 1 tickets rcvd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gerald Schock</td>
<td>2</td>
</tr>
<tr>
<td>Jason Cheng</td>
<td>2</td>
</tr>
<tr>
<td>Eric Murphy</td>
<td>2</td>
</tr>
<tr>
<td>Diane Wydler</td>
<td>2</td>
</tr>
<tr>
<td>Estelle Clemons</td>
<td>2</td>
</tr>
<tr>
<td>Sylvia Stadmire</td>
<td>2</td>
</tr>
<tr>
<td>Ted Dang</td>
<td>2</td>
</tr>
<tr>
<td>Emily Cheng</td>
<td>2</td>
</tr>
<tr>
<td>Dawnelle Castro</td>
<td>2</td>
</tr>
<tr>
<td>Loranne Shoptaw</td>
<td>2</td>
</tr>
<tr>
<td>Margant Wright</td>
<td>2</td>
</tr>
<tr>
<td>Marilyn Wise</td>
<td>3</td>
</tr>
<tr>
<td>Glen Wong</td>
<td>2</td>
</tr>
<tr>
<td>Meish Yom</td>
<td>2</td>
</tr>
<tr>
<td>K. Fong</td>
<td>3</td>
</tr>
<tr>
<td>Art Shanks</td>
<td>2</td>
</tr>
<tr>
<td>Dennis Jordan</td>
<td>2</td>
</tr>
<tr>
<td>Jesse Patino</td>
<td>2</td>
</tr>
<tr>
<td>Natalie Kent</td>
<td>2</td>
</tr>
<tr>
<td>Karen Hallett</td>
<td>2</td>
</tr>
<tr>
<td>Albertina Padilla</td>
<td>2</td>
</tr>
<tr>
<td>Jenny</td>
<td>2</td>
</tr>
<tr>
<td>Amelia McKinsey</td>
<td>4</td>
</tr>
<tr>
<td>Derrick Reboton</td>
<td>4</td>
</tr>
<tr>
<td>Almira Hoang</td>
<td>2</td>
</tr>
<tr>
<td>Helen Martin</td>
<td>1</td>
</tr>
<tr>
<td>Jerry Kelly</td>
<td>4</td>
</tr>
<tr>
<td>Matthew Welch</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL TICKETS DISTRIBUTED:</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>
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 [x]
   Face Value of Each Ticket/Pass $ [ ] 12 pass
   Event Description Alameda County Fair
   Date(s) 06 / 15 / 16 07 / 04 / 16
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Name of Source Alameda County Fair
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   Official’s Name (Last, First) 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 (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:

   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
   Various (reference attached spreadsheet) 255
   To promote attendance at an... event held at a County facility in order to maximize potential County revenue...

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 07/12/2016
   Print Name Title
   (Month, Day, Year)

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Organization description</th>
<th>No. of 2 for 1 tickets rcvd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acts Full Gospel Church</td>
<td>1034 66th Ave, Oakland, CA 94621</td>
<td>Christian ministry providing the basic necessities of food, and clothing to those in need</td>
<td>50</td>
</tr>
<tr>
<td>East Bay Asian Youth Center</td>
<td>2025 E 12th St, Oakland, CA 94606</td>
<td>Non-profit seeking to connect Asian American youth with caring and understanding adults who can affirm their cultural identity.</td>
<td>20</td>
</tr>
<tr>
<td>Girls Inc. of the Island City</td>
<td>1724 Santa Clara Ave, Alameda, CA 94501</td>
<td>Inspires all girls to be strong, smart, and bold through innovative programs, activities, and advocacy and to provide before and after school child care services supporting youth and their families through Alameda Island Kids.</td>
<td>50</td>
</tr>
<tr>
<td>San Leandro Boys and Girls Club</td>
<td>401 Marina Blvd, San Leandro, CA 94577</td>
<td>Invests in the future of youth by providing programs and opportunities which nurtures their capacity to become self sufficient, responsible and fulfilled members of our community.</td>
<td>50</td>
</tr>
<tr>
<td>San Lorenzo Village Homes Association</td>
<td>377 Paseo Grande, San Lorenzo, CA 94580</td>
<td>Local homeowner's association</td>
<td>50</td>
</tr>
<tr>
<td>Satellite Affordable Housing Associates</td>
<td>1835 Alcatraz Avenue, Berkeley, CA 94703</td>
<td>Provides quality affordable homes and services that empower people and strengthen neighborhoods</td>
<td>5</td>
</tr>
<tr>
<td>Cypress Mandela Training Center, Inc</td>
<td>977 - 66th Avenue, Oakland, CA 94621</td>
<td>Community based organization dedicated to improving the lives of the people it serves by providing pre-apprentice construction and life skills training along with employment assistance.</td>
<td>30</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)
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 $80 Ticket/$20 Parking
Event Description Baseball game
Provide Title/Explanation
Date(s) 06 / 15 / 16 / / /
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakland A's
If yes: Chan, Wilma
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.

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rains Lucia Stern: 2300 Contra Costa Blvd #500, Pleasant Hill, CA 94523</td>
<td>18+4p</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>full-service litigation law firm with emphasis on representing peace officers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Steven Jones
Print Name: Central District Director
Title: 05/31/2016
(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 [x] No [ ]
   - Face Value of Each Ticket/Pass $ : $27
   - Event Description: Baseball game
   - Date(s) 06 / 15 / 16
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - If no: Oakland A’s
     - Name of Source
   - Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
     - 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
     - Alameda Boys & Girls Club | 1900 3rd St, Alameda, CA 94501
     - 2
     - To reward a ... nonprofit organization for its contributions to the community
     - Supports and promotes positive youth development

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: 07/01/2016
   - (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $32
   Event Description: Baseball game
   Date(s): 06/19/16
   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)

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

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

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

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

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   May 24, 2016
   Signature of Agency Head or Designee
   Print Name
   Title

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 $32
   Event Description Baseball game
   Date(s) 06/18/16
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's
   If yes: Chan, Wilma
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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

   B. Name of Individual
      (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...
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      2

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Steven Jones Central District Director
   Print Name Title
   (Month, Day, Year) May 24, 2016

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

1. Agency Name
Alameda County
Board of Supervisors
Designated Agency Contact (Name, Title)
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) 06/21/16
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 (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davis, Leon</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understand FPPC Formations 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: May 24, 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 (510) 272-6693
   E-mail steven.jones@acgov.org

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No □
   Face Value of Each Ticket/Pass $__________ $27
   Event Description Baseball game
   Provide Title/Explanation
   Date(s) 06/22/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   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:
      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
      Communities United for Restorative Youth Justice | 2289 Int'l Blvd, Oakland 2
      To reward a school or nonprofit organization for its contributions to the community
      Supports youth that have been impacted by the criminal justice system

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
   Date: May 24, 2016 (Month, Day, Year)
   Print Name
   Title

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

1. Agency Name
   Alameda County

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

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

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

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

   Face Value of Each Ticket/Pass $ 90.00

   Event Description Baseball-game 4 2
   Date(s) 7, 2, 16

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

   If no: Oakland Athletics

   Name of Source
   Alameda County Supervisor Scott Haggerty, D 1

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

   If yes: Alameda County Supervisor Scott Haggerty, D 1

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

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

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

      Nick Valvano, Sara Dohony, Kevin Koening, Alex Wobbe

      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, Lee Ann Fergerson, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Lee Ann Fergerson
   Position: Supervisor's Assistant
   Title:
   Date: 7/20/16

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

#### 1. Agency Name
- **Alameda County**
- **Division, Department, or Region (If Applicable):**
- **Board of Supervisors**
- **Designated Agency Contact (Name, Title):**
- **Lee Ann Fergerson, Supervisor's Assistant**
- **Area Code/Phone Number:** (510) 272-6691
- **E-mail:** leean.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:** $32.00
  - **Date(s):** 7/2/18
  - **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:**

<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**: Charles Louden
- **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** ☐

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

#### 4. Verification
- **Signature of Agency Head or Designee:** Lee Ann Fergerson
- **Supervisor's Assistant:**
- **Title:**
- **Print Name:**
- **Date:** (Month, Day, Year)
- **Comment:**

© 1991-96. I have verified that the distribution set forth above is in accordance with the requirements.

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

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

1. **Agency Name**
   - Alameda County
   - Division, Department, or Region (If Applicable)
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - 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
   - **Face Value of Each Ticket/Pass** $80.00
   - **Date(s)** 7.3.16
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☐
   - **If no:**
     - **Name of Source** Oakland Athletics
   - **Was ticket distribution made at the behest of agency official?** Yes ☐ No ☐
     - **If yes:** Alameda County Supervisor Scott Haggerty, District 1

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

   - **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 concessions 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**
   - I, Lee Ann Fergerson, Supervisor's Assistant, have verified that the distribution set forth above is in accordance with the requirements.  
   - **Signature:** Lee Ann Fergerson  
   - **Print Name:** Lee Ann Fergerson  
   - **Title:** Supervisor's Assistant  
   - **Date (Month, Day, Year):** 7.29.16

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description 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 $ 12.50
   Date(s) 6/29/16
   Name of Source Oakland Athletics
   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 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
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

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

Comment:

Lee Ann Fergerson
Supervisor's Assistant

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 leeann.fergerson@acgov.org

Date Stamp

2. Function or Event Information

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

Event Description Warrior Game 7

Face Value of Each Ticket/Pass $10,000

Date(s) 6/19/16

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

If yes: Name of Source Alameda County Supervisor Scott Haggerty, D1

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 Tickets Provided</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 (Full Name)</th>
<th>Number of Tickets Provided</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fernando Campos</td>
<td>2</td>
<td>To promote attendance at a county-sponsored event to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td>David Alder</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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
Print Name

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 leaann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $3.00
   Event Description Baseball
   Date(s) 7/12/10
   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

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

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

4. Verification
   1944.1 and 1944.2. I have verified that the distribution set forth above is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant 6/24/10
   Signature or Agency Name or Signature
   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)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number E-mail
   (510) 272-6691 leeanne.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Oakland Athletics
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Did ticket distribution made at the behest of agency official? No ☐ Yes ☐
   Face Value of Each Ticket/Pass $12.50
   Date(s) 6, 13, 14
   Name of Source: Oakland Athletics
   Official's Name (Last, First): Alameda County Supervisor Scott Haggerty, D1

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

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency head or designee: Lee Ann Fergerson
   Supervisor's Assistant: Scott Haggerty, D1
   (Month, Day, Year) 6/28/14
   Print Name: leeanne.fergerson
   Title: Alameda County Supervisor

Comment: 6/28/14
Agencies Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number E-mail
   (510) 272-6691 leesann.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 $27.00
   Date(s) 9/6/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Name of Source Oakland Athletics
   Was ticket distribution made at the behest of agency official? Yes ☐ 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.

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

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(e(s)) Describe the public purpose made pursuant to the agency's policy
      Kasie Holdenbrand 4 To promote attendance at a county sponsored event in order to maximize potential county revenue for concessions and parking sales.

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

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

   Signature of Agency Head or designee Lee Ann Fergerson Supervisor's Assistant 6/27/16
   Date (Month, Day, Year)

   Comment: ________________________________

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
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) 7/19/11
Name of Source Oakland Athletics
If no: __________________________
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: |
| 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 |

Bike East Bay
P.O. Box 1736 Oakland Ca. 94604
2
To Reward a school or nonprofit organization for its contributions to the community.

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

Lee Ann Ferguson
Print Name
Supervisor’s Assistant
Title
6/23/11
(Month, Day, Year)

Comment: Promotes healthy, sustainable communities by making bicycling fun and accessible
### 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

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

**2. Function or Event Information**

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

**Event Description** After Hours Concert

**Provide Title/Explanation**

**Face Value of Each Ticket/Pass $** 104.00

**Date(s)** 6/25/16

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

**If no:**

**Name of Source**
Alameda County Supervisor Scott Haggerty, D 1

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

**If yes:**

**Official’s Name (Last, First)**

### 3. Recipients

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

**A.**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Tickets/Distribution</th>
<th>Ceremonial Role or Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerk of the Board of Supervisors</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>

**B.**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets/Distribution</th>
<th>Ceremonial Role or Other</th>
</tr>
</thead>
</table>

**C.**

| Name of Data for Organization | Number of Tickets/Distribution | Ceremonial Role or Other |

### 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**

**Date** 6/25/16

**Comment:**

---

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6891
   E-mail leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $20.00
   Event Description Warriors viewing party
   Date(s) 6/16/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: GSW
   If yes: Alameda County Supervisor Scott Haggerty, D1
   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) or Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

   | Name of Individual (if Appropriate) | Number of Ticket(s) or Pass(es) | Describe one of the following:
   |-----------------------------------|-------------------------------|----------------------------------------------------------------|
   | Patrick Rabbit                    | 4                             | Ceremonial Role ☐ Other ☐ Income ☑

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

4. Verification
   I have verified that the distribution set forth above is in accordance with the requirements.
   Lee Ann Fergerson (Signature of Agency Head or Designee)
   Supervisor's Assistant (Print Name)
   (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 E-mail
(510) 272-6691 leeann.fergerson@acgov.org

Date Stamp

California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

□ Amendment 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 $ __________

Event Description: WARNORSWATCHGAME Date(s) 10.23.16

Provide Title/Explanation

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

If no: _______________

If yes: ____________________________

Name of Source

Official's Name (Last, First)

Alameda County Supervisor Scott Haggerty, D 1

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

If yes: ____________________________

3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</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>Chuck Rogers</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

Ceremonial Role ☐ Other ☐ Income ☐

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (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

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

Print Name: 

Title: 

(month, day, year)

Comment: 

FPPC Form 802 (4/12)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 10,000
   Event Description Warriors-Finals
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, D 1
   If no: GSW
   Date(s) 6. 13. 16
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Official's Name (Last, First)

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

   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:
      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 Tickets/Passes
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant

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

1. Agency Name
   Alameda County

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

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

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

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

   Face Value of Each Ticket/Pass $27.00

   Event Description
   "As Houston Astros baseball 9, 21, 16"

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

   If no: Oakland Athletics
   Name of Source
   Alameda County Supervisor Scott Haggerty, D 1

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

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

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

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

       Ceremonial Role ☐ Other ☐ Income ☐

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

       Ceremonial Role ☐ Other ☐ Income ☐

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

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

       Fremont Elks Lodge 2121
       38991 Farwell Drive
       Fremont CA 94536

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

4. Vérification
   8944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head / Employee
   Lee Ann Fergerson
   Supervisor’s Assistant
   Title

   Date
   (Month, Day, Year)

   Comment
   To recognize the principals of charity—to benefit handicapped children.

   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 WARRIORS - Finals
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No □
   Was ticket distribution made at the behest of agency official? Nc ☑ Yes ☑
   Face Value of Each Ticket/Pass $ 10,000
   Date(s) 10/5/16
   If no: GSW
   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) or Pass(es)
   Describe the public purpose made pursuant to the agency's policy

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

4. Verification
   744.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant 6/7/16
   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)
   Lee Ann Ferguson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leeann.fergerson@acgov.org

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 10,000
   Event Description WARRIORS - FINALS
   Date(s) 10-8-16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   Name of Source Alameda County Supervisor Scott Haggerty, D 1
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lorraine Beckett</td>
<td>2</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>Ceremonial Role ☐</td>
<td>Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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
   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 (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ 5000
   Event Description Warriors
   Date(s) 5, 30, 10
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: ____________________________
   Name of Source Alameda County Supervisor Scott Haggerty, D 1
   Was ticket distribution made at the behest of agency official? No □ Yes □
   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:
      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 County or Full Name of Outside Organization
      (Include Street Address and City)
      Number of Tickets/Passes ____________________________
      Describe the public purpose made pursuant to the agency's policy.

4. Verification
   3244.1 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
   Lee Ann Fergerson Supervisor's Assistant
   Supervisor's Assistant Title ____________________________
   (Month, Day, Year) 6/1/10

Comment: ____________________________

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

### 1. Agency Name
- Alameda County
- Division, Department, or Region (If Applicable)
- Board of Supervisors
- Designated Agency Contact (Name, Title)
  - Lee Ann Fergerson, Supervisor's Assistant
  - Area Code/Phone Number: (510) 272-8691
  - 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 $150
- Event Description: [Rihanna]
- Date(s): 5, 7, 16
- If no: [GSW]
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
- Name of Source: Alameda County Supervisor Scott Haggerty, D1
- 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 Tickets Issued</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 Issued</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly Gardenhire</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include Address and Description)</th>
<th>Number of Tickets Issued</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 18945. I have verified that the distribution set forth above, is in accordance with the requirements.
- Lee Ann Fergerson, Supervisor's Assistant
- Date: 6/1/16
- Signature of Agency Head or Designee

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 0.00
   Event Description WARRIORS
   Date(s) 6-2-16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department, or Unit
      District
      Number of Tickets Issued 1
      Describe the purpose or need for the tickets
      To reward a County employee for his or her exemplary service to the public or to encourage staff development

   B. Name of Individual (First, Last)
      Number of Ticket(s) Issued:
      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 Other Organization (Include address and description)
      Number of Ticket(s) Issued:
      Describe the purpose or need for the tickets

4. Verification
   344.1 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
   Date (Month, Day, Year)

Comm ☐
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 $
   Event Description [Warriors]
   Event(s) Date(s)
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: ____________________________
   Name of Source
   Alameda County Supervisor Scott Haggerty, D 1
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: ____________________________
   Official's Name (Last, First)

3. Recipients
   Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.
   A. Name of agency, Department or Unit
      Number of 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:
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. 10 ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      [ ]
   C. Name of Outside Organization
      Number of tickets/passes
      Describe the public purpose made pursuant to the agency's policy
      [ ]

4. Verification
   1.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   Signature of Agency Head or Designee (Print Name: ____________________________ (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)
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 $ 12
Event Description Alameda County Fair
Date(s) 06 / 15 / 16 07 / 04 / 16
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Alameda County Fair Association
If yes: Valle, Richard- Supervisor District 2
Name of Source Official's Name (Last, First)
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

A. Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es)

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

B. Name of Individual
(Last, First)

Number of Ticket(s)/Pass(es)

Identify one of the following:
Ceremonial Role ☐ Other ☑ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

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

Espiritu, Joan

Gonzalez, Daniel

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 Supervisor's Assistant Print Name Title

(Los Angeles, CA) 06/22/16

Comment: Includes 1 parking pass at the value of $10 each.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $35
   Event Description Baseball game
   Date(s) 06/30/16
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   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.

<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>Aguilar, Julian</td>
<td>2</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>order to maximize potential County revenue</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

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: 07/01/2016
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
Division, Department, or Region (If Applicable)
   Board of Supervisors
Designated Agency Contact (Name, Title)
   Nancy Sa
Area Code/Phone Number (510) 272-6692
   E-mail nancy.sa@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $12
   Event Description Alameda County Fair
   Date(s) 06 / 15 / 16 07 / 04 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Alameda County Fair Association
   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 promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

   Raymundo, Gloria
   4

   Garcia, Susie
   4

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

4. Verification
   Signature of Agency Head or Designee
   Nancy Sa
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)
   Comment: Includes 1 parking pass at the value of $10 each.
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<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>Anthony, Mark</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td>Chao, Wern</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>Ortiz, John</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 promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td>Estrada, Marissa</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 promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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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 (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 Alameda County Fair
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 06 / 15 / 16 07 / 04 / 16
   If no: Alameda County Fair Association
   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:
      
   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 Kids Zone | 725 Whipple Road, Union City CA 94587 20 To reward a non-profit organization for its contributions to the community.
      Promotes cradle to career success by empowering youth and families

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
   Nancy Sa
   Supervisor's Assistant Print Name
   Title
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Nancy Sa
Area Code/Phone Number E-mail
(510) 272-6682 nancy.sa@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ 12
Event Description Alameda County Fair
Provide Title/Explanation
Date(s) 06 / 15 / 16 07 / 04 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Alameda County Fair Association
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

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

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
Tiburcio Vasquez Health Center | 33255 Ninth Street, Union City, CA 94587 40 To reward a non-profit organization for its contributions to the community.
Provide quality health care to uninsured residents

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 Assistant Title
Nancy Sa

Comment:

Signature: Nancy Sa
Print Name: Nancy Sa
Title: Supervisor’s Assistant
Date: 01/20/16

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 886/ASK-FPPC (886/275-7772)
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 Alameda County Fair
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair Association
   Name of Source
   Date(s) 06 / 15 / 16 07 / 04 / 16
   Face Value of Each Ticket/Pass $ 12
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

      

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

      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
      Ruggieri Senior Center | 33997 Alvarado-Niles Road, Union City CA 9458 20
      To reward a non-profit organization for its contributions to the community.
      Provide quality services to seniors in Union City

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 
   Signature of Agency Head or Designee

   Supervisor’s Assistant
   Print Name
   Title
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nancy Sa
   Area Code/Phone Number E-mail
   (510) 272-6892 nancy.sa@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $12
   Event Description Alameda County Fair
   Date(s) 06/15/16 07/04/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair Association
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

3. Recipients
   • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
      
   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      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
      Life ElderCare | 3300 Capitol Ave., Fremont, CA 94538 | 40 To reward a non-profit organization for its contributions to the community.
      Empower seniors to live with independence and interdependence

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Nancy Sa
   Supervisor's Assistant
   Title
   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):** Nancy Sa
- **Area Code/Phone Number:** (510) 272-6692
- **E-mail:** nancy.sa@acgov.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Face Value of Each Ticket/Pass:** $12
- **Event Description:** Alameda County Fair
- **Provide Title/Explanation:**
- **Date(s):** 06 / 15 / 16
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no: Alameda County Fair Association**
- **Name of Source:**
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
- **If yes: Valle, Richard- Supervisor District 2**
- **Official's Name (Last, First):**

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

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

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

#### C. Name of Outside Organization (Include address and description)
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</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 Assistant:**

**Title:**

**Date:** 01/20/14

**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)
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 Alameda County Fair
Provide Title/Explanation
Face Value of Each Ticket/Pass $ 12
Date(s) 06 / 15 / 16 07 / 04 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Alameda County Fair Association
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

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

Gonzalez, Yesenia 2

Clark, Stuart 2

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

4. Verification
I have read and understood FPPC Regulations 16944.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: Includes 2 parking passes at the value of $10 each.
### 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.

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nunez, Emmanuel</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>
<tr>
<td>Fagalde, Diane</td>
<td>2</td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td>Camacho, Soledad</td>
<td>6</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td>Olivares, Lily</td>
<td>3</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>

#### 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>
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<tr>
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<td></td>
</tr>
</tbody>
</table>
## Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- **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**: Alameda County Fair
- **Face Value of Each Ticket/Pass**: $12
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **Date(s)**: 06 / 15 / 16 07 / 04 / 16
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒

### 3. Recipients
- **Official's Name (Last, First)**: 
- **If yes: Vallee, Richard- Supervisor District 2

<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>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Singh, Manisha</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>
<tr>
<td>Parra, Manuel</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>

<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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<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**: Supervisor's Assistant
- **Title**: (Month, Day, Year)
- **Comment**: Includes 4 parking passes at the value of $10 each.

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

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<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>Jensen, Whitney</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 revenue from sales.</td>
</tr>
<tr>
<td>McEvoy, Kenny</td>
<td>4</td>
<td>Ceremonial Role □ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td>Mott, Gilbert</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 revenue from sales.</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>
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<tbody>
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</tbody>
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FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Nancy Sa
Area Code/Phone Number E-mail
(510) 272-6692 nancy.sa@acgov.org

Date Stamp California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ __________ 12
Event Description Alameda County Fair
Provide Title/Explanation Date(s) 06 / 15 / 16 07 / 04 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Alameda County Fair Association Name of Source
Official's Name (Last, First)
If yes: Valle, Richard- Supervisor District 2

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

A. Name of Agency, Department or Unit 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
4C's of Alameda County | 22351 City Center Drive, Hayward CA 94541 40 To reward a non-profit organization for its contributions to the community.
Provides access affordable, quality child care

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
Nancy Sa
Supervisor's Assistant Title
(Left Hand 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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 12
   Event Description
   Alameda County Fair
   Date(s)
   06 / 15 / 16
   07 / 04 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair Association
   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 ☐
   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
   SAVE | 1900 Mowry Ave., Ste. 201
   Fremont CA 94538
   20
   To reward a non-profit organization for its contributions to the community.
   Provides shelter and services to victims of domestic violence

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Nancy Sa
   Supervisor's Assistant
   Print Name
   Title
   (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 ☐ Face Value of Each Ticket/Pass $ 12
Event Description Alameda County Fair
Provide Title/Explanation
Date(s) 06 / 15 / 16 07 / 04 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Alameda County Fair Association
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
FESCO | 21455 Birch Street, Box 5, Hayward, CA 94541 20 To reward a non-profit organization for its contributions to the community.
Serves low-income homeless families with emergency services

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

Signature of Agency Head or Designee Nancy Sa Supervisor’s Assistant Title
First Name (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 ☐

   Face Value of Each Ticket/Pass $ 12

   Event Description  Alameda County Fair

   Provide Title/Explanation

   Date(s)  06 / 15 / 16  07 / 04 / 16

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

   If no:  Alameda County Fair Association
           Name of Source

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

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

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

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

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

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

       Green, Jackie
       4

       Archuleta, Michelle
       4

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

4. Verification
   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 of Original Filing:  (Month, Day, Year)

   Comment:  Includes 3 parking passes at the value of $10 each.
3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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>Valanza, Ana</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 revenue from sales.</td>
</tr>
<tr>
<td>Aro-Valle, Barbara</td>
<td>1</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 revenue from sales.</td>
</tr>
</tbody>
</table>

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

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

Face Value of Each Ticket/Pass $ __________

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Alameda County Fair</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>06 / 15 / 16 07 / 04 / 16</th>
</tr>
</thead>
</table>

### 2. Function or Event Information

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

If no: Alameda County Fair Association

Name of Source: [Alameda County Fair Association](#)

<table>
<thead>
<tr>
<th>Was ticket distribution made at the behest of agency official?</th>
<th>Yes ☒ No ☐</th>
</tr>
</thead>
</table>

If yes: Valle, Richard- Supervisor District 2

Official's Name (Last, First): [Valle, Richard](#)

### 3. Recipients

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

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

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

#### B. Name of Individual

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

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

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viola Blythe Community Center</td>
<td>37365 Ash St., Newark CA 94560</td>
<td>40 To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Promotes, supports and advocates for social services for the community</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: [Nancy Sa](#)

Supervisor's Assistant: [Le/2011](#)

Title: 

(Month, Day, Year)

Comment: 

FPPC Form 802 (4/12)

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Nancy Sa
Area Code/Phone Number (510) 272-6692
E-mail nancy.sa@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ 20
Event Description Warriors vs. Cavaliers watch party
Provide Title/Explanation
Date(s) 6 / 16 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☑ Yes ☑ If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
<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>Belich, Joshua</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</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>
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<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Nancy Sa 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)
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 $ 10,000

Event Description
Warriors vs. Cavaliers

Date(s) 6/19/16

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

If no: Golden State Warriors

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

If yes: 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.

<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>Johnstone, Andrew</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

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

To reward a community volunteer for his 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>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Verification
I have read and understood CCPA Regulations §§ 944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Comment:
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 $10,000
Event Description Warriors vs. Cavaliers
Provide Title/Explanation
Date(s) 6/13/16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

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:
Valle, Richard 4 Ceremonial Role ☐ Other ☑ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
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 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
Nancy Sa
Print Name
Supervisor’s Assistant
Title
(Month, Day, Year)

Comment: Includes 1 parking pass at the value of $40
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nancy Sa
   Area Code/Phone Number (510) 272-6692
   E-mail nancy.sa@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 20
   Event Description Warriors vs. Cavaliers Watch Party
   Date(s) 6 / 10 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

   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:
      Lara, Daisy
      4
      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 ☐
   Face Value of Each Ticket/Pass $ 10,000
   Event Description
   Warriors vs. Cleveland Cavaliers
   Date(s) 6 / 2 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Names 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
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☑ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To reward a community volunteer for her service to the public.

   Rico, Ramona
   2
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To reward a community volunteer for her service to the public.

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Nancy Sa
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)

Comment:
Includes 1 parking pass at the value of $40
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

**1. Agency Name**
Alameda County

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

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

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

---

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description** Warriors vs. Cleveland Cavaliers
- **Face Value of Each Ticket/Pass** $10,000
- **Date(s)** 6 / 5 / 16
- **Ticket(s)/Pass(es) provided by agency?** Yes No ☑
- **Was ticket distribution made at the behest of agency official?** No Yes ☑

**Name of Source** Golden State Warriors
**Name of Source (Last, First)** Valle, Richard - Supervisor District 2

---

**3. Recipients**

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

<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>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>Valle, Richard</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 revenue from sales.</td>
</tr>
<tr>
<td>Harris, Darrell</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
</tbody>
</table>

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

---

**4. Verification**

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

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

**Print Name**

**Supervisor's Assistant**

**Title**

**Date** 6/22/14

**Comment:** Includes 1 parking pass at the value of $40

---

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Event Description: **Warriors vs. Cavaliers Watch Party**
   - Face Value of Each Ticket/Pass: $20
   - Date(s): 8/6/16
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - Name of Source: Golden State Warriors
   - Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   - Name of Source: Valle, Richard- Supervisor District 2

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

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

   **B. Name of Individual**
   - Number of Ticket(s)/Pass(es)
   - Ceremonial Role ☐ Other ☑ Income ☐
   - Identify one of the following:
   - Garcia, Kyra
   - Gomez, Conny

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

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature of Agency Head or Designee: Nancy Sa
   - Supervisor’s Assistant: (Month, Day, Year)
   - Includes 1 parking pass at the value of $40

---

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

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Nancy Sa
Area Code/Phone Number (510) 272-6692
E-mail nancy.sa@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? □ Yes ☑ No □
Face Value of Each Ticket/Pass $ 104
Event Description The After Hours Show
Provide Title/Explanation
Date(s) 6/25/2016
Ticket(s)/Pass(es) provided by agency? □ Yes ☑ No □
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

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 individual (Last, First)

Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role ☑ Other □ Income □

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

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

Ceremonial Role ☑ Other □ Income □

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

Number of Ticket(s)/Pass(es)

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

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 12
Event Description Alameda County Fair
Provide Title/Explanation
Date(s) 06 / 15 / 16 07 / 04 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Alameda County Fair Association
Name of Source
If yes: Valie, Richard- Supervisor District 2
Official's Name (Last, First)

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

<table>
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<tr>
<th>Name of Agency, Department or Unit</th>
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<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>
| Trullinger, Andy                | 3                           | 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 revenue from sales. |
|                                 |                             | Ceremonial Role ☐ Other ☑ Income ☐
|                                 |                             | If checking "Ceremonial Role" or "Other" describe below: |
|                                 |                             | |
|                                 |                             | |

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

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

Signature of Agency Head or Designee
Nancy Sa
Print Name
Supervisor's Assistant

Comment: Includes 1 parking pass at the value of $10 each.

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 [ ]

**Face Value of Each Ticket/Pass**
$20

**Event Description**
Warriors Watch Party - Oracle Arena

**Date(s)**
05 / 28 / 16

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

**Name of Source**
Golden State Warriors

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

**Official's Name (Last, First)**
Alameda County Supervisor Wilma Chan

### 3. Recipients

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

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<td>Tremblay, Connie</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
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To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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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**

**Print Name**

**Central District Director**

**Title**

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

06/03/2016

**FPPC Toll-Free Helpline:** 866/ASK-FPPC (866/275-7772)