

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
Alameda County			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Michelle Dianda			
Area Code/Phone Number	E-mail		
(510) 272-6692	michelle.dianda@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 555.00

Event Description Warriors vs. Dallas Mavericks Date(s) 02 / 04 / 15  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Valle-Mott, Yvonne	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

\_\_\_\_\_ Michelle Dianda \_\_\_\_\_ Supervisor's Aide \_\_\_\_\_  
Print Name Title (Month, Day, Year) 2/3/15

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

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

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<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Michelle Dianda		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6692	E-mail michelle.dianda@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 350.00

Event Description Warriors vs. New Orleans Pelicans Date(s) 03 / 20 / 15  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Harper, Kevin	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

\_\_\_\_\_ Michelle Dianda \_\_\_\_\_ Supervisor's Aide \_\_\_\_\_  
Print Name Title (Month, Day, Year) 2/9/15

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

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

**A Public Document**

<b>1. Agency Name</b> Alameda County <hr/> Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors <hr/> Designated Agency Contact <i>(Name, Title)</i> Michelle Dianda <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Area Code/Phone Number (510) 272-6692</td> <td style="width:70%; border: none;">E-mail michelle.dianda@acgov.org</td> </tr> </table>		Area Code/Phone Number (510) 272-6692	E-mail michelle.dianda@acgov.org	Date Stamp	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <b>California Form 802</b>                      For Official Use Only                 </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>                      Date of Original Filing: _____  <i>(Month, Day, Year)</i> </td> </tr> </table>	<b>California Form 802</b> For Official Use Only	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>
Area Code/Phone Number (510) 272-6692	E-mail michelle.dianda@acgov.org						
<b>California Form 802</b> For Official Use Only							
<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>							

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 300.00

Event Description Warriors vs. Detroit Pistons    Date(s) 03 / 11 / 15  
*Provide Title/Explanation*

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Rodriguez, Mario	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for his service to the public
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Michelle Dianda <hr/> <i>Print Name</i>	Supervisor's Aide <hr/> <i>Title</i>	2/9/15 <hr/> <i>(Month, Day, Year)</i>
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Comment: Includes 1 parking pass at the value of \$30.

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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable)  Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number   E-mail (510) 272-6692   michelle.dianda@acgov.org	Date Stamp	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> 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 \$ \_\_\_\_\_ 600.00

Event Description Warriors vs. Los Angeles Clippers    Date(s) 03 / 08 / 15  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Valle, Andrew	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To evaluate the ability of a facility or a local sports team to attract business and contribute to the local economy.
Aro, Dee	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

\_\_\_\_\_ Michelle Dianda \_\_\_\_\_ Supervisor's Aide \_\_\_\_\_ 2/17/15  
Print Name Title (Month, Day, Year)

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

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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region <i>(If Applicable)</i>  Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Michelle Dianda Area Code/Phone Number      E-mail (510) 272-6692                      michelle.dianda@acgov.org	Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes  No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 600.00

Event Description Warriors vs. Los Angeles Clippers      Date(s) 03 / 08 / 15 \_\_\_\_\_  
*Provide Title/Explanation*

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Closser, Kenny	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4 Verification**

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

\_\_\_\_\_ Michelle Dianda                      Supervisor's Aide                      2/17/15  
*Print Name*                      *Title*                      *(Month, Day, Year)*

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

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Ceremonial Role Events and Ticket/Pass Distributions**

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<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Michelle Dianda			
Area Code/Phone Number (510) 272-6692	E-mail michelle.dianda@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 450.00

Event Description Warriors vs. Dallas Mavericks Date(s) 03 / 06 / 15  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Abode Services 40849 Fremont Blvd. Fremont CA 94538	4	To reward a non-profit organization for its contributions to the community.
Develops and implements programs to end homelessness		

**4. Verification**

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

\_\_\_\_\_ Michelle Dianda \_\_\_\_\_ Supervisor's Aide \_\_\_\_\_ 2/27/15  
Print Name Title (Month, Day, Year)

Comment: Includes parking pass at the value of \$30







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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Michelle Dianda Area Code/Phone Number    E-mail (510) 272-6692                    michelle.dianda@acgov.org		Date Stamp	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-weight: bold; font-size: 1.2em;">California Form <b>802</b></td> </tr> <tr> <td style="text-align: center; font-size: 0.8em;">For Official Use Only</td> </tr> </table>	California Form <b>802</b>	For Official Use Only
California Form <b>802</b>					
For Official Use Only					
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <span style="font-size: 0.8em;">(Month, Day, Year)</span>			

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 39.40

Event Description Disney on Ice- "Let's Celebrate" Tour      Date(s) 02 / 28 / 15      03 / 01 / 15  
*Provide Title/Explanation*

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Sims, Steve	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
Austria, Manglee	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

\_\_\_\_\_ 14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Dianda
Supervisor's Aide
2/11/15

Print Name
Title
(Month, Day, Year)

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

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable)  Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number   E-mail (510) 272-6692   michelle.dianda@acgov.org	Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> 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 \$ \_\_\_\_\_ 39.40

Event Description Disney on Ice    Date(s) 02 / 26 / 15    02 / 27 / 15  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Ruby's Place 1180 B St. Hayward, CA 94541	8	To reward a non-profit organization for its contributions to the community.
Provides shelter and support services to women & children victims of violence		

**4. Verification**

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

\_\_\_\_\_ Michelle Dianda \_\_\_\_\_ Supervisor's Aide \_\_\_\_\_  
Print Name Title (Month, Day, Year)

2/24/15

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

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Steven Jones Area Code/Phone Number   E-mail (510) 272-6693   steven.jones@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input checked="" type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: <u>01.31.2015</u> <small><i>(Month, Day, Year)</i></small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ 350

Event Description Basketball Game      Date(s) 01 / 25 / 15  
*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: Alameda County Supervisor Wilma Chan  
*Official's Name (Last, First)*

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small><i>(Last, First)</i></small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Lin, Grace	3	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	3	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small><i>(Include address and description)</i></small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Steven Jones <small><i>Print Name</i></small>	Central District Director <small><i>Title</i></small>	02.02.2015 <small><i>(Month, Day, Year)</i></small>
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Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title)  Michelle Dianda		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6692	E-mail michelle.dianda@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 400.00

Event Description Warriors vs. Phoenix Suns Date(s) 4 / 2 / 15  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
St. Rose Hospital Foundation 27200 Calaroga Ave. Hayward, CA 94545	4	To reward a non-profit organization for its contributions to the community.
Raises funds to continue hospital mission of providing quality health care		

**4. Verification**

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

\_\_\_\_\_ Michelle Dianda \_\_\_\_\_ Supervisor's Aide \_\_\_\_\_ 2/2/15  
Print Name Title (Month, Day, Year)

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

# Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 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 \$ 95.75

Event Description Enrique / Pitbull  
Provide Title/Explanation

Date(s) 2, 14, 15

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

If no: GSW  
Name of Source

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

If yes: Alameda County Supervisor Scott Haggerty, 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:
Inez Lopez	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/>
ERIKA ORASCO	2	
ESMARALDA	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
CASANDRA PONDE	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
↓ PATTY AVILA	2	

## 4. Verification

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

Lee Ann Ferguson

Print Name

Supervisor's Assistant

Title

2-27-14  
(Month, Day, Year)

Comment:

# Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 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 \$ 95.75

Event Description Enrique / Pitbull  
Provide Title/Explanation

Date(s) 2, 14, 15 / /

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

If no: GSW  
Name of Source

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

If yes: Alameda County Supervisor Scott Haggerty, 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:
<u>Ivez Lopez</u>	<u>8</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Lee Ann Ferguson

Supervisor's Assistant

Print Name

Title

(Month, Day, Year)

Comment:

# Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 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

Date Stamp

California Form **802**

For Official Use Only

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

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 \$ 39.40

Event Description: Disney on Ice  
 Provide Title/Explanation

Date(s): 2, 28, 15

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

If no: OSW  
 Name of Source

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

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

## 3. Recipients

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

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:
<u>Debbie Madden</u>	<u>4</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Lee Ann Ferguson

Supervisor's Assistant

2-5-15

Print Name

Title

(Month, Day, Year)

Comment:

# Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

California Form **802**  
For Official Use Only

**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  
 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 \$ 66.70

Event Description Monster Jam  
 Provide Title/Explanation

Date(s) 2, 21, 14

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

If no: \_\_\_\_\_  
 Name of Source

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

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

## 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>DIST 5</u>	<u>4</u>	<u>Trade for Pit bull Eglesias Tickets (4)</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Lee Ann Ferguson  
 Print Name

Supervisor's Assistant  
 Title

2-10-15  
 (Month, Day, Year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Amy Shrago		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6695	E-mail amy.shrago@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 200.00

Event Description Warriors vs. Raptors    Date(s) 01 / 02 / 15  
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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Carson, Keith	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To obtain oversight of facilities or events that have received County funding or support
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

 1944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_ Amy Shrago \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 02/05/15  
Print Name Title (Month, Day, Year)

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> <small>For Official Use Only</small>
Alameda County			
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Amy Shrago			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(510) 272-6695	amy.shrago@acgov.org	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 350.00

Event Description Warriors vs. Pacers      Date(s) 01 / 07 / 15 \_\_\_\_\_  
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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Brown, Aisha	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a County employee for his or her exemplary service to the public or to encourage staff development
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Amy Shrago  
Print Name
Supervisor's Assistant  
Title
07/05/15  
(Month, Day, Year)

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title)  Amy Shrago		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6695	E-mail amy.shrago@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 1,000.00

Event Description Warriors vs. Cavalier Date(s) 01 / 09 / 15  
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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Sanchez, Mina	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a County employee for his or her exemplary service to the public or to encourage staff development
Brown, Aisha	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> 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**

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

\_\_\_\_\_ Amy Shrago \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 02/05/15  
Print Name Title (Month, Day, Year)

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b>
Division, Department, or Region (If Applicable)		For Official Use Only	
Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Designated Agency Contact (Name, Title)			
Amy Shrago			
Area Code/Phone Number (510) 272-6695	E-mail amy.shrago@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 1,000.00

Event Description Warriors vs. Cavalier    Date(s) 01 / 09 / 15  
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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Jenkins, Kevin	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a County employee for his or her exemplary service to the public or to encourage staff development
Brown, Elaine	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a County employee for his or her exemplary service to the public or to encourage staff development
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

_____ Amy Shrago <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 02/05/15 <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number   E-mail (510) 272-6695   amy.shrago@acgov.org	Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 1,000.00

Event Description Warriors vs. Cavalier    Date(s) 01 / 09 / 15  
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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Simpson, Jacob	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County facility in order to maximize potential County revenue.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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**

[Redacted Signature]

\_\_\_\_\_ Amy Shrago \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 02/05/15  
Print Name Title (Month, Day, Year)

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

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable)  Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695      E-mail amy.shrago@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes  No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 400.00

Event Description Warriors vs. Heat      Date(s) 01 / 14 / 15  
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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Brown, Elaine	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a County employee for his or her exemplary service to the public or to encourage staff development
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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**

\_\_\_\_\_ 1.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago  
Print Name
Supervisor's Assistant  
Title
02/05/15  
(Month, Day, Year)

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

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 E-mail amy.shrago@acgov.org		Date Stamp  <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	<b>California Form 802</b> For Official Use Only
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**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 350.00

Event Description Warriors vs. Kings Date(s) 01 / 23 / 15  
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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Carson, Keith	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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**

[Redacted] 4.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago Supervisor's Assistant 02/05/15  
Print Name Title (Month, Day, Year)

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Amy Shrago		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (510) 272-6695	E-mail amy.shrago@acgov.org	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 \$ 99.30

Event Description Monster Supercross Date(s) 01 / 24 / 15  
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.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Sanchez, Mina	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development
<b>C.</b> Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**  
 \_\_\_\_\_ 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  
 \_\_\_\_\_ Amy Shrago \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 02/05/15  
Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_



# Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 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 \$ 39.40

Event Description Disney on Ice  
Provide Title/Explanation

Date(s) 2, 27, 15

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

If no: GSW  
Name of Source

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

If yes: Alameda County Supervisor Scott Haggerty, 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:
<u>Leah Morete</u>	<u>4</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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

Lee Ann Ferguson

Print Name

Supervisor's Assistant

Title

2/17/15  
Month, Day, Year

Comment:

UU : Just rec'd names

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Anna Gee		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 48.50

Event Description Harlem Globetrotters Date(s) 01 / 10 / 15 01 / 17 / 15  
Provide Title/Explanation


Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Miley, Nate  
Official's Name (Last, First)

**3. Recipients**  
 • Use Section 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:
Kong, Katie	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and
Sturdivant, Sr., Brandon	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> concession sales.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Anna Gee Operations Chief 02/04/15  
Print Name Title (Month, Day, Year)