

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 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 \$ 5000.00

Event Description Warriors Playoff Round 4 Game 1 Date(s) 06 / 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:
Rodriguez, Robert	2	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.
Dianda, George	2	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
 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.

[Redacted]
[Redacted]
 Michelle Dianda Supervisor's Aide 6/3/15
Print Name Title (Month, Day, Year)

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1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
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Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Michelle Dianda			
Area Code/Phone Number (510) 272-6692	E-mail michelle.dianda@acgov.org	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 \$ _____ 5000.00

Event Description Warriors Playoff Round 4 Game 2 Date(s) 06 / 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: 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:
Valle, Richard	2	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.
Farajado, Carlos	2	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 <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

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.

Michelle Dianda	Supervisor's Aide	06/5/15
<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: the value of \$60.75

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Area Code/Phone Number (510) 272-6692	E-mail michelle.dianda@acgov.org		
		<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 \$ _____ 5000.00

Event Description Warriors Playoff Round 4 Game 5 Date(s) 06 / 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: 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:
Valle, Richard	2	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.
Valle, Andrew	2	Ceremonial Role <input type="checkbox"/> Other <input 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 <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
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.

Michelle Dianda	Supervisor's Aide	<u>6/11/15</u>
<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: includes 1 parking pass at the value of \$60.75

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		<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 \$ _____ 25.00

Event Description Oakland A's vs. San Diego Padres Date(s) 06 / 17 / 15
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: 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:
Trullinger, Rick	2	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 community volunteer for his contributions to the public.
	2	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
 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.

<div style="background-color: red; height: 15px; width: 100%;"></div>	Michelle Dianda <small>Print Name</small>	Supervisor's Aide <small>Title</small>	6/17/15 <small>(Month, Day, Year)</small>
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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 \$ 80.00

Event Description Oakland A's vs. San Diego Padres Date(s) 06 / 17 / 15
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: 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>
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
GLOBE PO Box 56305, Hayward, CA 94545	18	To reward a non-profit organization for its contributions to the community.
Advocates for LGBT fair and equal rights		

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.

Michelle Dianda
Supervisor's Aide
6/11/15

Print Name
Title
(Month, Day, Year)

Comment: 18 tickets & parking passes at the value of \$20 each.

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Michelle Dianda			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(510) 272-6692	michelle.dianda@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 \$ _____ 188.00

Event Description KMEL Summer Jam 2015 Date(s) 06 / 13 / 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:
Gonzalez, Yesenia	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.
	4	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
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.

	Michelle Dianda	Supervisor's Aide
	<small>Print Name</small>	<small>Title</small>
		6/11/15 <small>(Month, Day, Year)</small>

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2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 154.35

Event Description Andre Ward vs. Paul Smith Date(s) 06 / 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:
Austria, Carlos	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> 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 <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
 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.

Print Name
Title
(Month, Day, Year)

6/11/15

Comment: _____

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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 \$ _____ 80.00

Event Description Oakland A's vs. Houston Astros Date(s) 08 / 06 / 15
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: 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>
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
Greater HARD Foundation 1099 E Street, Hayward CA 94541	18	To reward a non-profit organization for its contributions to the community.
Preserves quality of park and recreation facilities and programs in Hayward		

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

_____ Michelle Dianda _____ Supervisor's Aide _____ 01/15/15
Print Name Title (Month, Day, Year)

Comment: includes 4 parking passes at the value of \$20 each.

**Agency Report of:
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Alameda County			For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			
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Designated Agency Contact <i>(Name, Title)</i>			
Michelle Dianda		<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	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 \$ _____ 25.00

Event Description Oakland A's vs. Cleveland Indians Date(s) 08 / 01 / 15 08 / 02 / 15
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: 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		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
SAVE 1900 Mowry Ave. #204, Fremont 94538	2	To reward a non-profit organization for its contributions to the community.
Provide shelter, support and education for individuals and families of violence	2	

4. Verification

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

Michelle Dianda
Supervisor's Aide
6/17/15

Print Name
Title
(Month, Day, Year)

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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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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:
Mott, Yvonne	5	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
Hillis, Steve	5	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
 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.

Michelle Dianda Supervisor's Aide
 6/22/15
(Month, Day, Year)

Print Name Title

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Michelle Dianda			
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(510) 272-6692	michelle.dianda@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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

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 <small>(Last, First)</small>	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 <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Union City Apostolic Church 33700 Alvarado Niles Rd, Union City	20	To reward a non-profit organization for its contributions to the community.
Provides a food pantry to low income families and seniors		

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.

	Michelle Dianda	Supervisor's Aide
	<small>Print Name</small>	<small>Title</small>
		06/22/15 <small>(Month, Day, Year)</small>

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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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

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 <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
Centro de Servicios 525 H St. Union City, CA 94587	40	To reward a non-profit organization for its contributions to the community.
Provides social services to help with immigration, health care, food and more		

4. Verification

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

_____ Michelle Dianda _____ Supervisor's Aide _____ 10/22/15
Print Name Title (Month, Day, Year)

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Michelle Dianda			
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(510) 272-6692	michelle.dianda@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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

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:
Camacho, Soledad	5	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.
Singh, Manisha	5	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

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

Michelle Dianda
Supervisor's Aide
6/17/15

Print Name
Title
(Month, Day, Year)

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

**Agency Report of:
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) Michelle Dianda Area Code/Phone Number E-mail (510) 272-6692 michelle.dianda@acgov.org		Date Stamp	California Form 802 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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

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:
Green, Jackie	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.
Young, Juliette	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

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

_____ Michelle Dianda <small>Print Name</small>	_____ Supervisor's Aide <small>Title</small>
	<u>06/17/15</u> <small>(Month, Day, Year)</small>

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

**Agency Report of:
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) Michelle Dianda Area Code/Phone Number E-mail (510) 272-6692 michelle.dianda@acgov.org		Date Stamp	California Form 802 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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

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 <small>(Last, First)</small>	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 <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Ruggieri Senior Center 33997 Alvarado Niles Rd., Union City	20	To reward a non-profit organization for its contributions to the community.
Provides activities and community events for seniors		

4. Verification

[Redacted Signature]

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

Michelle Dianda Supervisor's Aide 6/17/15
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

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 <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
Day Labor Center 680 W. Tennyson Rd. Hayward 94544	20	To reward a non-profit organization for its contributions to the community.
Enables low-income workers to become self-sufficient through employment		

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 6/17/15
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

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 <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
Eden Youth & Family Center 680 W. Tennyson Rd. Hayward 94544	40	To reward a non-profit organization for its contributions to the community.
Provides comprehensive services at one site in Hayward		

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)

6/17/15
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 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: _____ <small>(Month, Day, Year)</small>	
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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

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 <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
Tiburcio Vasquez Health Center 33255 9th St. Union City CA 94587	40	To reward a non-profit organization for its contributions to the community.
Providing free and low-cost health care for Alameda County residents		

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 _____ 6/17/15
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County			
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.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
(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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

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 <small>(Last, First)</small>	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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Tri-City Community Development Center 37620 Filbert St., Newark CA 94560	40	To reward a non-profit organization for its contributions to the community.
Helps low income to achieve healthy lifestyle choices & job preparedness		

4. Verification

[Redacted Signature]

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

Michelle Dianda
Supervisor's Aide
Ce/22/15

Print Name
Title
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation


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 <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
Viola Blythe Community Center 37365 Ash St., Newark CA 94560	40	To reward a non-profit organization for its contributions to the community.
Promotes, supports and advocates for social services for the community		

4. Verification

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

_____ Michelle Dianda _____ Supervisor's Aide _____ 6/22/15
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 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 \$ _____ 90.00

Event Description Oakland A's vs. Houston Astros Date(s) 09 / 07 / 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: 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
Our Lady of the Rosary 703 C Street Union City, CA 94587	18	To reward a non-profit organization for its contributions to the community.
Supports local charities through fundraisers		

4. Verification

_____ 1944.1 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)

Comment: Includes 4 parking passes at the value of \$25 each

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Supervisor's Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6691	E-mail leeann.fergerson@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Baseball
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 32.00

Date(s) 8, 9, 15 8, 1, 15

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: 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 <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
<u>Ronald McDonald House</u>	<u>8</u>	To Reward a school or nonprofit organization for its contributions to the community.

4. Verification

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

Lee Ann Ferguson Supervisor's Assistant 10/22/15
Print Name Title (Month, Day, Year)

comment: 200 Sanchuan Road Palo Alto CA 94304-2001
 Provides a home away from home and supportive community for families of children with life threatening illnesses receiving specialized treatment at local hospitals

Agency Report of:
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
		<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 \$ 700.00

Event Description Warriors/Playoffs Date(s) 6, 14, 15
Provide Title/Explanation

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 - Dist 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>Alameda County Supervisor Scott Haggerty</u>	<u>4</u>	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.
 I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson Supervisor's Assistant 6/17/15
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County			
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 Face Value of Each Ticket/Pass \$ 32.00
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 6, 29, 15 7, 4, 15

Was ticket distribution made at the behest of agency official? No Yes If no: Oakland Athletics
Name of Source

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		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
<u>Fremont Police & Fire</u>	<u>4</u>	<u>To Reward a school or nonprofit organization for its contributions to the community.</u>

4. Verification

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

Lee Ann Ferguson Supervisor's Assistant 6/11/15
Print Name Title (Month, Day, Year)

Comment: Special Olympics of Northern California a non-profit org dedicated to help promoting understanding, acceptance and inclusion between people with and without intellectual disabilities through year-round sports training and athletic competition. Fed tax ID # 68-0363121

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

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 E-mail (510) 272-6691 leeann.fergerson@acgov.org	Date Stamp	California Form 802 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 \$ _____

Event Description KMA SUMMER JAM Date(s) _____ / _____ / _____
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: _____
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:
Albert Teixeira	4	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. come <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

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

Lee Ann Ferguson <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	<u>6/4/15</u> <small>(Month, Day, Year)</small>
---	--	--

Comment: ✓

Agency Report of:
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 E-mail (510) 272-6691 leeann.fergerson@acgov.org		Date Stamp	California Form 802 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 \$ 2.00⁰⁰

Event Description Warriors Basketball Date(s) 6, 7, 15
Provide Title/Explanation

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: 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>Alameda County Supervisor Scott Haggerty, Dist 1</u>	<u>4</u>	To obtain oversight of facilities or events that have received county funding or support
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <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

4. Verification

8942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson Supervisor's Assistant 6/9/15
Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 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)			
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 Face Value of Each Ticket/Pass \$ 200.00

Event Description Warriors Basketball Date(s) 6, 7, 15
Provide Title/Explanation

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: 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 1</u>	<u>2</u>	To reward a county employee for his or her exemplary service to the public.
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <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

4. Verification

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

Lee Ann Ferguson Supervisor's Assistant 6/9/15
Print Name Title (Month, Day, Year)

**Agency Report of:
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	<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 \$ 200.00

Event Description Warriors Basketball Date(s) 6, 7, 15
Provide Title/Explanation

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: 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>Al. Barnardum</u>	<u>2</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

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

6/9/15
(Month, Day, Year)

Comment: UU

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 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)			
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 Face Value of Each Ticket/Pass \$ 32.00

Event Description Baseball Date(s) 7, 19, 15
Provide Title/Explanation

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: 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>Tom Illingsworth</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"/> <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

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

Lee Ann Ferguson Supervisor's Assistant 6/9/15
Print Name Title (Month, Day, Year)

Comment:

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Supervisor's Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 \$ 32.00

Event Description Baseball Date(s) 6/30/15
Provide Title/Explanation

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: 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>Esmiralda Garcia</u>	<u>2</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

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

Lee Ann Ferguson Supervisor's Assistant 6/2/15
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County			
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 Face Value of Each Ticket/Pass \$ 3200

Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 7.1.15

Was ticket distribution made at the behest of agency official? No Yes If no: Oakland Athletics Name of Source

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Kristi Marleau</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"/> come <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

* 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 6/3/15 (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Steven Jones			
Area Code/Phone Number (510) 272-6693	E-mail steven.jones@acgov.org	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <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 \$ _____ \$12

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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:
		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>
		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
Girls Incorporated of The Island City 1724 Santa Clara Ave. Alameda 94501	50	To reward a school or nonprofit organization for its contributions to the community
Equips girls to achieve academically, lead healthy/active lives, manage money		

4. Verification

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

_____ _____ _____
 Steven Jones Central District Director 06.19.2015
Print Name *Title* *(Month, Day, Year)*

Agency Report of: 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)

Amy Shrago

Area Code/Phone Number
(510) 272-6695

E-mail
amy.shrago@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Athletics vs. Rangers
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) 06 / 10 / 15 _____

If no: Oakland Athletics
Name of Source

If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Decker, Breeanna	2	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 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"/> 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

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

06/30/15
(Month, Day, Year)

Comment: _____

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

A Public Document

California **802**
Form

For Official Use Only

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes No
Event Description Athletics vs. Rangers
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes No
Was ticket distribution made at the behest of agency official? No Yes
Face Value of Each Ticket/Pass \$ 80.00
Date(s) 06 / 10 / 15
If no: Oakland Athletics
Name of Source
If yes: Carson, Keith
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
Brown, Aisha	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development
Carson, Keith	4	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
Alameda Health System Foundation	4	To promote attendance at an event held at a County facility in order to maximize potential County revenue.
Year of the African American Male	6	To promote attendance at an event held at a County facility in order to maximize potential County revenue.

4. Verification
I and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Amy Shrago Supervisor's Assistant 06/30/15
Print Name Title (Month, Day, Year)

Agency Report of: 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)

Amy Shrago
Area Code/Phone Number (510) 272-6695
E-mail amy.shrago@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Face Value of Each Ticket/Pass \$ _____ 12.00

Event Description Alameda County Fair
Provide Title/Explanation

Date(s) 06 / 17 / 15

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

If no: Alameda County Fair
Name of Source

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

If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Sanchez, Mina	12	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 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

06/17/15
(Month, Day, Year)

Comment: _____

Agency Report of: 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)
 Amy Shrago
 Area Code/Phone Number (510) 272-6695
 E-mail amy.shrago@acgov.org

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

2. Function or Event Information
 Does the agency have a ticket policy? Yes No
 Event Description Alameda County Fair
 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 \$ _____ 12.00
 Date(s) 06 / 17 / 15
 If no: Alameda County Fair
 Name of Source
 If yes: Carson, Keith
 Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
Decker, Breeanna	6	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
 _____ and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
 Amy Shrago Supervisor's Assistant 06/17/15
 Print Name Title (Month, Day, Year)

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

A Public Document

California Form **802**
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1. Agency Name
 Alameda County
 Division, Department, or Region (If Applicable)
 Board of Supervisors
 Designated Agency Contact (Name, Title)
 Amy Shrago
 Area Code/Phone Number (510) 272-6695
 E-mail amy.shrago@acgov.org

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

2. Function or Event Information
 Does the agency have a ticket policy? Yes No
 Event Description Alameda County Fair
 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 \$ 12.00
 Date(s) 06 / 17 / 15
 If no: Alameda County Fair
 Name of Source
 If yes: Carson, Keith
 Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Eddie e GSA	3	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 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"/> 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

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

 Amy Shrago
 Supervisor's Assistant
 Print Name Title

 06/17/15
 (Month, Day, Year)

Agency Report of: 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)

Amy Shrago

Area Code/Phone Number
(510) 272-6695

E-mail
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

Event Description Alameda County Fair
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 \$ 12.00

Date(s) 06 / 17 / 15

If no: Alameda County Fair
Name of Source

If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Skinner, Derrick	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

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

Amy Shrago
Print Name

Supervisor's Assistant
Title

06/17/15
(Month, Day, Year)

Comment: _____

Agency Report of: 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)

Amy Shrago

Area Code/Phone Number
(510) 272-6695

E-mail
amy.shrago@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Face Value of Each Ticket/Pass \$ _____ 12.00

Event Description Alameda County Fair
Provide Title/Explanation

Date(s) 06 / 17 / 15 _____

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

If no: Alameda County Fair
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:
Hassan, Idris	6	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

I 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

06/17/15
(Month, Day, Year)

Comment: _____

**Agency Report of:
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) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org	Date Stamp	California Form 802 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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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:
Hill, Monique	6	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

_____ 044.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ Amy Shrago _____ Supervisor's Assistant _____ 06/17/15
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region (If Applicable) Board of Supervisors <hr/> Designated Agency Contact (Name, Title) Amy Shrago <hr/> Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org	Date Stamp	California Form 802 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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 _____ / _____ / _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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:
Vann, LiLuu	6	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

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

_____ Amy Shrago _____ Supervisor's Assistant _____ 06/17/15
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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	10	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

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

_____ Amy Shrago _____ Supervisor's Assistant _____ 06/17/15
Print Name Title (Month, Day, Year)

Agency Report of: 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)

Amy Shrago

Area Code/Phone Number
(510) 272-6695

E-mail
amy.shrago@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Alameda County Fair
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 \$ _____ 6.00

Date(s) 06 / 17 / 15

If no: Alameda County Fair
Name of Source

If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
Music, Richard	7	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

06/17/15
(Month, Day, Year)

✓ /
Comment: _____

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		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 (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Mother Wright Foundation 3120 San Pablo Ave, Emeryville, CA 94608 Foodbk	10	To reward a school or nonprofit organization for its contributions to the community
California Northwest Education Foundation P.O. Box 8774 Emeryville CA	10	To reward a school or nonprofit organization for its contributions to the community

4. Verification

_____ 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>	06/17/15 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Amy Shrago		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small><i>(Month, Day, Year)</i></small>	
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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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 <small><i>(Last, First)</i></small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Andrews, Sandra	10	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales.
	10	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

18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

<u>Amy Shrago</u> <small><i>Print Name</i></small>	<u>Supervisor's Assistant</u> <small><i>Title</i></small>	<u>06/17/15</u> <small><i>(Month, Day, Year)</i></small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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:
Taylor, Barbara	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 from parking and concession sales.
	4	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

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

_____ Amy Shrago _____ Supervisor's Assistant _____ 06/17/15
Print Name Title (Month, Day, Year)

Agency Report of: 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)
 Amy Shrago
 Area Code/Phone Number (510) 272-6695
 E-mail 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
 Event Description Alameda County Fair
 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 \$ 18.00
 Date(s) 06 / 17 / 15
 If no: Alameda County Fair
 Name of Source
 If yes: Carson, Keith
 Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
McWilson, Marlon	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales.
		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

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

Amy Shrago Supervisor's Assistant 06/17/15
 Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Alameda County			For Official Use Only
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 \$ _____ **12.00**

Event Description Alameda County Fair Date(s) 06 / 17 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
VanHook, Lawrence	10	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 from parking and concession 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

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

Amy Shrago
Supervisor's Assistant
06/17/15

Print Name
Title
(Month, Day, Year)

**Agency Report of:
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) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org		Date Stamp	California Form 802 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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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:
Decker, Breeanna	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 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"/> <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

_____ 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>	_____ 06/17/15 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
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: _____ <small>(Month, Day, Year)</small>	
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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15 _____ / _____ / _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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 <small>(Last, First)</small>	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 <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

4.1 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

06/17/15
(Month, Day, Year)

**Agency Report of:
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) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org		Date Stamp	California Form 802 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 \$ _____ 12.00

Event Description Alameda County Fair Date(s) 06 / 17 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Shrago, Amy	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 <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

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

_____ _____ _____
 Amy Shrago Supervisor's Assistant 06/17/15
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Steven Jones		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 \$ _____ \$700

Event Description Basketball Game (PLAYOFFS) Date(s) 05 / 13 / 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>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Brekke-Meisner, Lukas	2	Ceremonial Role <input type="checkbox"/> Other <input 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 sales.
	2	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 <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

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

_____ Steven Jones <small>Print Name</small>	_____ Central District Director <small>Title</small>	_____ 06.02.2015 <small>(Month, Day, Year)</small>
--	--	--

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Steven Jones		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
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 \$ _____ \$700

Event Description Basketball Game (PLAYOFFS) Date(s) 05 / 21 / 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>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Lucia, Lisa	2	Ceremonial Role <input type="checkbox"/> Other <input 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 sales.
	2	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
 I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ _____ _____
 Steven Jones Central District Director 06.02.2015
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Alameda County			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Steven Jones			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(510) 272-6693	steven.jones@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 \$ _____ \$700

Event Description Basketball Game (PLAYOFFS) Date(s) 05 / 26 / 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>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Galvan, Gordon	2	Ceremonial Role <input type="checkbox"/> Other <input 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 County revenue from sales.
	2	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 <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

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

	Steven Jones	Central District Director	06.02.2015
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Alameda County			For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			
Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
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 \$ _____ \$700

Event Description Basketball Game (PLAYOFFS) Date(s) 05 / 21 / 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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Cluver, Andreas	2	Ceremonial Role <input type="checkbox"/> Other <input 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 County revenue from sales.
	2	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
 I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones
Print Name
Central District Director
Title
06.02.2015
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Steven Jones			
Area Code/Phone Number (510) 272-6693	E-mail steven.jones@acgov.org	<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 \$ _____ \$700

Event Description Basketball Game (PLAYOFFS) Date(s) 05 / 26 / 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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Jones, Doug	2	Ceremonial Role <input type="checkbox"/> Other <input 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 County revenue from sales.
	2	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

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

_____ Steven Jones <i>Print Name</i>	_____ Central District Director <i>Title</i>	_____ 06.02.2015 <i>(Month, Day, Year)</i>
--	--	--

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
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	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
(510) 272-6693	steven.jones@acgov.org	Date of Original Filing: _____ <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 \$ \$80 ticket / \$20 parking

Event Description Baseball game Date(s) 05 / 17 / 15
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.

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:
		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>
		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
San Lorenzo Little League 1062 Grant Ave, San Lorenzo, CA 94580	4/1park	To promote attendance at a....event held at a County facility...to maximize potential...revenue from parking & concessions
Assists children in developing qualities of citizenship, discipline, teamwork, etc.		

4. Verification

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

Steven Jones
Print Name
Central District Director
Title
06.02.2015
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region (If Applicable) Board of Supervisors <hr/> Designated Agency Contact (Name, Title) Steven Jones <hr/> Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org		Date Stamp	California Form 802 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 \$ _____ \$35

Event Description Baseball game Date(s) 05 / 25 / 15 _____
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.

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:
McCormick, Michael	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a...event held at a County facility in order to maximize potential...revenue from parking & concessions
	2	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 <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
 I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones <hr/> <small>Print Name</small>	Central District Director <hr/> <small>Title</small>	06.02.2015 <hr/> <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
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	<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 \$ _____ \$35

Event Description Baseball game Date(s) 05 / 28 / 15 _____
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.

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:
Elliott, Laura	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a...event held at a County facility in order to maximize potential...revenue from parking & concessions
	2	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 <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

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

_____ Steven Jones _____ Central District Director _____ 06.02.2015
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Steven Jones			
Area Code/Phone Number (510) 272-6693	E-mail steven.jones@acgov.org	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <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 \$ _____ \$35

Event Description Baseball game Date(s) 05 / 29 / 15
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.

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:
Gregory, Michael	2	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 a...event held at a County facility in order to maximize potential...revenue from parking & concessions
	2	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

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

_____ _____ _____
 Steven Jones Central District Director 06.02.2015
Print Name *Title* *(Month, Day, Year)*

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Steven Jones			
Area Code/Phone Number (510) 272-6693	E-mail steven.jones@acgov.org	<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 \$ _____ \$35

Event Description Baseball game Date(s) 05 / 30 / 15 _____
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.

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:
Harris, Bill	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at a...event held at a County facility in order to maximize potential...revenue from parking & concessions
	2	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

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

_____ Steven Jones _____ Central District Director _____ 06.02.2015 _____
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Steven Jones		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 \$ _____ \$35+\$20 parking

Event Description Baseball game Date(s) 05 / 31 / 15 _____
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.

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:
Harris, Bill	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a...event held at a County facility in order to maximize potential...revenue from parking & concessions
	2+1park	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

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

_____ Steven Jones _____ Central District Director _____ 06.02.2015
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Steven Jones		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 \$ \$105 ticket/\$20 parking

Event Description Baseball game Date(s) 05 / 31 / 15
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.

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:
Brekke-Meisner, Lukas	4+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a...event held at a County facility in order to maximize potential...revenue from parking & concessions
	4+1park	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
 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.

<u>Steven Jones</u>	<u>Central District Director</u>	<u>06.02.2015</u>
<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Steven Jones		<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) 272-6693	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 \$ _____ \$105 ticket

Event Description Baseball game Date(s) 05 / 31 / 15 _____
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.

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:
Ginsberg, Malik	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a...event held at a County facility in order to maximize potential...revenue from parking & concessions
	2	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 <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
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ Steven Jones _____ Central District Director _____ 06.02.2015 _____
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Steven Jones		<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) 272-6693	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 \$ \$105 ticket/\$20 parking

Event Description Baseball game Date(s) 05 / 31 / 15
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.

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:
Brown, Siena	4+1 park	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 a...event held at a County facility in order to maximize potential...revenue from parking & concessions
	4+1 park	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

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

Steven Jones Central District Director 06.02.2015
Print Name *Title* *(Month, Day, Year)*

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Steven Jones		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 \$ \$105 ticket/\$20 parking

Event Description Baseball game Date(s) 05 / 31 / 15
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.

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:
Kubo, Theresa	2+1 park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a...event held at a County facility in order to maximize potential...revenue from parking & concessions
	2+1 park	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 <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

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

Steven Jones Central District Director 06.02.2015
Print Name Title (Month, Day, Year)

**Agency Report of:
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) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org		Date Stamp	California Form 802 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 \$ _____ 700.00

Event Description Warriors vs. Grizzlies Date(s) 05 / 03 / 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
 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.

Amy Shrago
Supervisor's Assistant
06/01/15
Print Name
Title
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
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	<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 \$ _____ 700.00

Event Description Warriors vs. Grizzlies Date(s) 05 / 05 / 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Brooks, Rodney	2	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	2	Ceremonial Role <input type="checkbox"/> Other <input 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 <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
 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.

Amy Shrago <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	06/01/15 <small>(Month, Day, Year)</small>
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Comment: _____

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

A Public Document

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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: _____ <small>(Month, Day, Year)</small>	
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 \$ _____ 700.00

Event Description Warriors vs. Grizzlies Date(s) 05 / 13 / 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Shrago, Amy	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 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 <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

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.

_____ Amy Shrago <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 06/01/15 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

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Designated Agency Contact (Name, Title) Amy Shrago			
Area Code/Phone Number (510) 272-6695	E-mail amy.shrago@acgov.org	<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 \$ _____ **700.00**

Event Description Warriors vs. Rockets Date(s) 05 / 19 / 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Jenkins, Kevin	2	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	2	Ceremonial Role <input type="checkbox"/> Other <input 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 <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

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.

_____ Amy Shrago <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 06/01/15 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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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 \$ _____ 700.00

Event Description Warriors vs. Rockets Date(s) 05 / 21 / 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Carson, Keith	2	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 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"/> <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

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.

Amy Shrago <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	06/01/15 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

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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 \$ _____ 700.00

Event Description Warriors vs. Rockets Date(s) 05 / 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: 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Decker, Breanna	2	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
Hassan, Idris	2	Ceremonial Role <input type="checkbox"/> Other <input 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

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.

Amy Shrago <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	06/01/15 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region (If Applicable) Board of Supervisors <hr/> Designated Agency Contact (Name, Title) Amy Shrago <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Area Code/Phone Number</td> <td style="width:50%; border: none;">E-mail</td> </tr> <tr> <td style="border: none;">(510) 272-6695</td> <td style="border: none;">amy.shrago@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-6695	amy.shrago@acgov.org	Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number	E-mail						
(510) 272-6695	amy.shrago@acgov.org						
		<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 \$ _____ 55.00

Event Description Athletics vs. Red Sox Date(s) 05 / 11 / 15 _____
Provide Title/Explanation

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: 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 <small>(Last, First)</small>	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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Oakland Technical High School 4351 Broadway, Oakland, CA 94609	4	To reward a school or nonprofit organization for its contributions to the community

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

_____ Amy Shrago <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 06/01/15 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

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Division, Department, or Region (If Applicable) Board of Supervisors		For Official Use Only	
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 \$ _____ 32.00

Event Description Athletics vs. Red Sox Date(s) 05 / 11 / 15
Provide Title/Explanation

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: 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Laitey, Hayley	2	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 <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
 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.

Amy Shrago	Supervisor's Assistant	06/01/15
Print Name	Title	(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region (If Applicable) Board of Supervisors <hr/> Designated Agency Contact (Name, Title) Amy Shrago <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> Area Code/Phone Number (510) 272-6695 </td> <td style="width:50%; border: none;"> E-mail amy.shrago@acgov.org </td> </tr> </table>		Area Code/Phone Number (510) 272-6695	E-mail amy.shrago@acgov.org	Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-6695	E-mail amy.shrago@acgov.org				
		<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 \$ _____ **32.00**

Event Description Athletics vs. Red Sox Date(s) 05 / 12 / 15
Provide Title/Explanation

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: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Spencer, Scott	2	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 from parking and concession 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 <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
 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.

Amy Shrago <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	06/01/15 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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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 \$ _____ **32.00**

Event Description Athletics vs. Red Sox Date(s) 05 / 13 / 15 _____ / _____ / _____
Provide Title/Explanation

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: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Carson, Keith	2	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 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"/> <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

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.

Amy Shrago <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	06/01/15 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

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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 \$ _____ 55.00

Event Description Athletics vs. White Sox Date(s) 05 / 16 / 15
Provide Title/Explanation

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: 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 <small>(Last, First)</small>	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
		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 <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
 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.

 <small>Signature of Agency Head or Designee</small>	Amy Shrago <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	06/01/15 <small>(Month, Day, Year)</small>
---	---	--	---

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

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region (If Applicable) Board of Supervisors <hr/> Designated Agency Contact (Name, Title) Amy Shrago <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Area Code/Phone Number (510) 272-6695</td> <td style="width:50%; border: none;">E-mail amy.shrago@acgov.org</td> </tr> </table>		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: _____ (Month, Day, Year)	California Form 802 For Official Use Only
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 \$ _____ 32.00

Event Description Athletics vs. White Sox Date(s) 05 / 17 / 15
Provide Title/Explanation

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: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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
Alameda Health System Foundation 350 Frank H. Ogawa Plaza Suite 900 Oakland	2	To reward a school or nonprofit organization for its contributions to the community

4. Verification

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

_____ Amy Shrago <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 06/01/15 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors <hr/> Designated Agency Contact <i>(Name, Title)</i> Amy Shrago <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> Area Code/Phone Number (510) 272-6695 </td> <td style="width:50%; border: none;"> E-mail amy.shrago@acgov.org </td> </tr> </table>		Area Code/Phone Number (510) 272-6695	E-mail amy.shrago@acgov.org	Date Stamp	<div style="border: 1px solid black; padding: 5px;"> California Form 802 For Official Use Only </div>
Area Code/Phone Number (510) 272-6695	E-mail amy.shrago@acgov.org				
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 \$ _____ 32.00

Event Description Athletics vs. Tigers Date(s) 05 / 26 / 15
Provide Title/Explanation

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: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Spencer, Scott	2	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 a County facility in order to maximize potential County revenue from parking and concession sales
		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 <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
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.

Amy Shrago <hr/> <small>Print Name</small>	Supervisor's Assistant <hr/> <small>Title</small>	06/01/15 <hr/> <small>(Month, Day, Year)</small>
---	--	---

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
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: _____ <small>(Month, Day, Year)</small>	
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 \$ _____ **32.00**

Event Description Athletics vs. Yankees Date(s) 05 / 28 / 15
Provide Title/Explanation

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: 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Brooks, Rodney	2	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 <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
 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.

_____ Amy Shrago <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 06/01/15 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
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: _____ <small>(Month, Day, Year)</small>	
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 \$ _____ **32.00**

Event Description Athletics vs. Yankees Date(s) 05 / 30 / 15 _____
Provide Title/Explanation

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: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Shrago, Amy	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 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 <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

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.

Amy Shrago
Print Name
Supervisor's Assistant
Title
06/01/15
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 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 \$ _____ 55.00

Event Description Athletics vs. Yankees Date(s) 05 / 30 / 15
Provide Title/Explanation

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: 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:
Brooks, Rodney	2	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	2	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
 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.

Amy Shrago <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	06/01/15 <small>(Month, Day, Year)</small>
---	--	---

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
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	<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

Event Description Baseball Provide Title/Explanation Date(s) 4, 22, 15

Face Value of Each Ticket/Pass \$ 32.00

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: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>ESMARRIDA GARCIA</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"/> <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

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

Lee Ann Ferguson Supervisor's Assistant
Print Name Title 10/9/15
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Supervisor's Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6691	E-mail leeann.fergerson@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Baseball Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 55⁰⁰

Date(s) 5, 29, 15

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: 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>Justin Gobel</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"/> 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.

Lee Ann Ferguson

Print Name

Supervisor's Assistant

Title

6/2/15
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County			
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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

Face Value of Each Ticket/Pass \$ 55⁰⁰

Date(s) 5, 29, 15

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: 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>Mel Luna</u>	<u>10</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

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

Lee Ann Ferguson

Print Name

Supervisor's Assistant

Title

6/2/15
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Supervisor's Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 \$ 32.00

Event Description Baseball Provide Title/Explanation Date(s) 6, 10, 15

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: 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>Mel Luna</u>	<u>2</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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <input type="checkbox"/> Income <input type="checkbox"/>
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.

Lee Ann Ferguson Supervisor's Assistant 6/2/15
 Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Supervisor's Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6691	E-mail leeann.fergerson@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Baseball Provide Title/Explanation Face Value of Each Ticket/Pass \$ 32.00

Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 5, 25, 15

Was ticket distribution made at the behest of agency official? No Yes If no: Oakland Athletics Name of Source

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>John Rudolph</u>	<u>2</u>	To reward a County employee for his or her exemplary service to the public or to encourage staff development Income <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

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

Lee Ann Ferguson Supervisor's Assistant 6/2/15
Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

California Form **802**

For Official Use Only

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
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		
		<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

Event Description: Baseball Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 32.00

Date(s) 5, 26, 15

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

If no: Cakland Athletics 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>Derek Eddy</u>	<u>2</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

I have read and understand FPPC Regulations 18941 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

6/2/15
(Month, Day, Year)

Comment: _____

**Agency Report of:
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 \$ 32.00

Event Description Baseball
Provide Title/Explanation

Date(s) 5, 27, 15

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: 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>Mel Luna</u>	<u>2</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

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

Lee Ann Ferguson

Print Name

Supervisor's Assistant

Title

6/2/15

(Month, Day, Year)

Comment: _____

Agency Report of: 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 \$ 32.00

Event Description Baseball
Provide Title/Explanation

Date(s) 5, 28, 15

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: 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>John Bueno</u>	<u>2</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

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

Lee Ann Ferguson
Print Name

Supervisor's Assistant
Title

6/2/15
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Steven Jones		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		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
San Leandro Boys & Girls Club 401 Marina Blvd, San Leandro, CA 94577	50	To reward a school or nonprofit organization for its contributions to the community
Helps youth become self-sufficient and responsible and members of society		

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

Steven Jones	Central District Director	06.19.2015
<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Agency Report of: 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) Steven Jones Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org		Date Stamp	California Form 802 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 \$ _____ \$12

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Reyes, Edgar		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

4. Verification

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

Steven Jones <small>Print Name</small>	Central District Director <small>Title</small>	06.22.2015 <small>(Month, Day, Year)</small>
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
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	<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 \$ _____ \$12

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		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
East Bay Asian Youth Center 2025 E 12th St, Oakland, CA 94606	50	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
EBAYC's mission is to support youth to be safe, smart, and socially responsible		

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

Steven Jones
Print Name
Central District Director
Title
06.19.2015
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Steven Jones		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
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

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		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
Acts Full Gospel Church 1034 - 66th Avenue Oakland, CA 94621	50	To reward a . . . nonprofit organization for its contributions to the community
Offer spiritual guidance; delivers food & clothing to hungry children & families		

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

_____ Steven Jones <small>Print Name</small>	_____ Central District Director <small>Title</small>	_____ 06.19.2015 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name 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	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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/\$10 parking

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Anderson, Carl	3/1park	Ceremonial Role <input type="checkbox"/> Other <input 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 from parking and concession sales
	3/1park	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 <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Homeowners association		

4. Verification

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

<u>Steven Jones</u>	<u>Central District Director</u>	<u>06.30.2015</u>
Print Name	Title	(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Steven Jones			
Area Code/Phone Number (510) 272-6693	E-mail steven.jones@acgov.org	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <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 \$ _____ \$12

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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:
		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>
		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
Acts Full Gospel Church 1034 66th Ave, Oakland, CA 94621	41	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
Offer spiritual guidance; delivers food & clothing to hungry children & families		

4. Verification

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

<u>Steven Jones</u>	<u>Central District Director</u>	<u>07/02/2015</u>
<small><i>Print Name</i></small>	<small><i>Title</i></small>	<small><i>(Month, Day, Year)</i></small>

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Steven Jones			
Area Code/Phone Number (510) 272-6693	E-mail steven.jones@acgov.org	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <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 \$ _____ \$12

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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:
		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>
		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
San Lorenzo Village Homes Association 377 Paseo Grande, San Lorenzo, 94580	50	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
Homeowners association		

4. Verification

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>	06.19.2015 <small><i>(Month, Day, Year)</i></small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors			
Designated Agency Contact (Name, Title) Steven Jones		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
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

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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>(Last, First)</small>	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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
The Unity Council 1900 Fruitvale Ave, Oakland, CA 94601	50	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County
Community advocacy, social service delivery, and economic development		

4. Verification

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

_____ _____ _____
 Steven Jones Central District Director 06.22.2015
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Steven Jones		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
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 \$ _____ \$5,000

Event Description Basketball Game Date(s) 06 / 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: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Johnson, Doug	2	Ceremonial Role <input type="checkbox"/> Other <input 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 sales.
	2	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

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

<u>Steven Jones</u>	<u>Central District Director</u>	<u>07.02.2015</u>
<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

A Public Document

1. Agency Name 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	California Form 802 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 \$ _____ \$5,000

Event Description Basketball Game (PLAYOFFS) Date(s) 06 / 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: 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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Summers, Jim	2	Ceremonial Role <input type="checkbox"/> Other <input 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 County revenue from sales.
	2	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
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones <hr/> <i>Print Name</i>	Central District Director <hr/> <i>Title</i>	06.02.2015 <hr/> <i>(Month, Day, Year)</i>
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Agency Report of: 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)

Amy Shrago

Area Code/Phone Number
(510) 272-6695

E-mail
amy.shrago@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description KMEL Summer Jam
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 \$ _____ 188.00

Date(s) 06 / 13 / 15 _____ / _____ / _____

If no: Golden State Warriors
Name of Source

If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
Jenkins, Kevin	4	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"/> 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 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Print Name

Supervisor's Assistant
Title

06/30/15
(Month, Day, Year)

Comment: _____

Agency Report of: 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)
 Amy Shrago
 Area Code/Phone Number (510) 272-6695
 E-mail amy.shrago@acgov.org

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

2. Function or Event Information
 Does the agency have a ticket policy? Yes No
 Event Description Andre Ward vs. Paul Smith
 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 \$ 154.35
 Date(s) 06 / 20 / 15
 If no: Golden State Warriors
 Name of Source
 If yes: Carson, Keith
 Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
Brown, Aisha	4	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, _____, 1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.
 Amy Shrago Supervisor's Assistant 06/30/15
 Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region <i>(if Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 \$ _____ 154.35

Event Description Andre Ward vs. Paul Smith Date(s) 06 / 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: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Decker, Breeanna	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.
Jenkins, Kevin	4	Ceremonial Role <input type="checkbox"/> Other <input 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 <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

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

_____ _____ _____
 Amy Shrago Supervisor's Assistant 06/30/15
Print Name Title (Month, Day, Year)

Agency Report of: 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)
 Amy Shrago
 Area Code/Phone Number (510) 272-6695
 E-mail amy.shrago@acgov.org

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

2. Function or Event Information
 Does the agency have a ticket policy? Yes No
 Event Description Warriors vs. Cavaliers
 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 \$ 5000.00
 Date(s) 06 / 04 / 15
 If no: Golden State Warriors
 Name of Source
 If yes: Carson, Keith
 Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for his or her exemplary service to the public or to encourage staff development Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
Sanchez, Mina	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
 _____ and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
 Amy Shrago _____ Supervisor's Assistant _____ 06/01/15
 Print Name Title (Month, Day, Year)

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

A Public Document

California Form **802**

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

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

2. Function or Event Information
 Does the agency have a ticket policy? Yes No
 Event Description Warriors vs. Cavaliers
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 \$ 5000.00
 Date(s) 06 / 07 / 15
 If no: Golden State Warriors
Name of Source
 If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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 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"/> <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
 _____ and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
 Amy Shrago Supervisor's Assistant 06/01/15
Print Name Title (Month, Day, Year)

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

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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)

Amy Shrago

Area Code/Phone Number
(510) 272-6695

E-mail
amy.shrago@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Warriors vs. Cavaliers
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 \$ 5000.00

Date(s) 06 / 14 / 15

If no: Golden State Warriors
Name of Source

If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Brooks, Rodney	2	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 County employee for his or her exemplary service to the public or to encourage staff development
Shrago, Amy	2	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 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 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

06/30/15
(Month, Day, Year)

Comment: _____

Agency Report of: 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)

Amy Shrago

Area Code/Phone Number
(510) 272-6695

E-mail
amy.shrago@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Athletics vs. Angels
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ _____ 32.00

Date(s) 06 / 21 / 15

If no: Oakland Athletics
Name of Source

If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" 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
Urojas Community Services 815 Apgar St, Emeryville, CA 94608 To empower co	2	To reward a school or nonprofit organization for its contributions to the community.

4. Verification

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

Amy Shrago
Print Name

Supervisor's Assistant
Title

06/30/15
(Month, Day, Year)

Comment: _____

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

A Public Document

California Form **802**

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1. Agency Name

Alameda County

Division, Department, or Region (If Applicable)

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Designated Agency Contact (Name, Title)

Amy Shrago

Area Code/Phone Number

(510) 272-6695

E-mail

amy.shrago@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Athletics vs. Royals
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) 06 / 26 / 15 _____

If no: Oakland Athletics
Name of Source

If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

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

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

Amy Shrago
Print Name

Supervisor's Assistant
Title

06/30/15
(Month, Day, Year)

Comment: _____

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

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California Form **802**

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

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

2. Function or Event Information
 Does the agency have a ticket policy? Yes No
 Event Description Athletics vs. Royals
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) 06 / 27 / 15
 If no: Oakland Athletics
Name of Source
 If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Hassan, Idris	2	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

I and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
 _____ Amy Shrago _____ Supervisor's Assistant _____ 06/30/15
Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

California Form **802**

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1. Agency Name

Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Amy Shrago

Area Code/Phone Number

(510) 272-6695

E-mail

amy.shrago@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Athletics vs. Royals
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 \$ _____ 90.00

Date(s) 06 / 27 / 15 _____ / _____ / _____

If no: Oakland Athletics
Name of Source

If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <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
Men of Iron PO Box 30011 Oakland CA 94604 To help save the lives of young at-	18	To reward a school or nonprofit organization for its contributions to the community.

4. Verification

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

06/30/15
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region <i>(if Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 \$ _____ 32.00

Event Description Athletics vs. Royals Date(s) 06 / 28 / 15
Provide Title/Explanation

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: 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Ramirez, Lolis	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 community volunteer for his or her service to the public.
		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 <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

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

_____ _____ _____
 Amy Shrago Supervisor's Assistant 06/30/15
Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

California Form **802**

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1. Agency Name

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Division, Department, or Region (If Applicable)

Board of Supervisors

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Amy Shrago

Area Code/Phone Number
(510) 272-6695

E-mail
amy.shrago@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Athletics vs. Rockies
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) 06 / 29 / 15

If no: Oakland Athletics
Name of Source

If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <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
Urojas Community Services 815 Apgar St, Emeryville, CA 94608 To empower co	2	To reward a school or nonprofit organization for its contributions to the community

4. Verification

I 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

06/30/15

(Month, Day, Year)

Comment: _____

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

A Public Document

California Form **802**
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1. Agency Name

Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

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Area Code/Phone Number
(510) 272-6695

E-mail
amy.shrago@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Face Value of Each Ticket/Pass \$ _____ 32.00

Event Description Athletics vs. Rockies
Provide Title/Explanation

Date(s) 06 / 30 / 15

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: 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:
Spencer, Scott	2	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 County revenue from parking and con
		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

I, _____, § 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

06/30/15
(Month, Day, Year)

Comment: _____

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

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 E-mail amy.shrago@acgov.org

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

2. Function or Event Information
 Does the agency have a ticket policy? Yes No
 Event Description Athletics vs. Angels
 Provide Title/Explanation
 Ticket(s)/Pass(es) provided by agency? Yes No
 Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$ 32.00
 Date(s) 06 / 20 / 15
 If no: Oakland Athletics
 Name of Source
 If yes: Carson, Keith
 Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Brooks, Rodney	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 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"/> 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 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
 _____ Amy Shrago _____ Supervisor's Assistant _____ 06/30/15
 Print Name Title (Month, Day, Year)

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

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Board of Supervisors

Designated Agency Contact (Name, Title)

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Area Code/Phone Number

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E-mail

amy.shrago@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Face Value of Each Ticket/Pass \$ _____ 90.00

Event Description Athletics vs. Angels
Provide Title/Explanation

Date(s) 06 / 19 / 15 _____ / _____ / _____

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: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es)

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

B. Name of Individual (Last, First)

Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role Other

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

Income

Leung, Chris

2

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

Ceremonial Role Other

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

Income

Jenkins, Kevin

2

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

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

06/30/15

(Month, Day, Year)

Comment: _____

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

A Public Document

California Form **802**

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1. Agency Name

Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Amy Shrago

Area Code/Phone Number
(510) 272-6695

E-mail
amy.shrago@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Athletics vs. Angels
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ _____ 32.00

Date(s) 06 / 19 / 15

If no: Oakland Athletics
Name of Source

If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Jenkins, Kevin	4	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

1044.1 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

06/30/15
(Month, Day, Year)

Comment: _____

Agency Report of: 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)

Amy Shrago

Area Code/Phone Number
(510) 272-6695

E-mail
amy.shrago@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Face Value of Each Ticket/Pass \$ _____ 32.00

Event Description Athletics vs. Padres
Provide Title/Explanation

Date(s) 06 / 17 / 15

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: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		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
<u>Year of the African American Male</u> <u>UROJAS COMM. SVCS.</u>	<u>2</u>	<u>To reward a school or nonprofit organization for its contributions to the community</u>

4. Verification

I 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

06/30/15
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
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	<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

Event Description Athletics vs. Padres Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 32.00

Date(s) 06 / 18 / 15

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

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

If no: Oakland Athletics Name of Source

If yes: Carson, Keith Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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
East Bay Agency for Children 303 Van Buren Ave Oakland CA 94610 East Bay	2	To reward a school or nonprofit organization for its contributions to the community

4. Verification

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

Amy Shrago Supervisor's Assistant 06/30/15

Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org	Date Stamp	California Form 802 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

Event Description Athletics vs. Rangers
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ _____ 32.00

Date(s) 06 / 11 / 15 _____ / _____ / _____

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: 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 <small>(Last, First)</small>	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>
		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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
East Bay Agency for Children 303 Van Buren Ave Oakland CA 94610 East Bay	2	To reward a school or nonprofit organization for its contributions to the community

4. Verification

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

_____ Amy Shrago _____ Supervisor's Assistant _____ 06/30/15
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name 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	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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>(Last, First)</small>	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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
San Lorenzo Village Homes Association 377 Paseo Grande, San Lorenzo, 94580	50	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
Homeowners association		

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.

_____ <small>Print Name</small>	Steven Jones <small>Print Name</small>	Central District Director <small>Title</small>	06.19.2015 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors <hr/> Designated Agency Contact <i>(Name, Title)</i> Steven Jones <hr/> Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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>(Last, First)</small>	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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
San Leandro Boys & Girls Club 401 Marina Blvd, San Leandro, CA 94577	50	To reward a school or nonprofit organization for its contributions to the community
Helps youth become self-sufficient and responsible and members of society		

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

	Steven Jones <small>Print Name</small>	Central District Director <small>Title</small>	06.19.2015 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name 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	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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>(Last, First)</small>	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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Girls Incorporated of The Island City 1724 Santa Clara Ave. Alameda 94501	50	To reward a school or nonprofit organization for its contributions to the community
Equips girls to achieve academically, lead healthy/active lives, manage money		

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

	Steven Jones	Central District Director
Print Name	Title	Date
		06.19.2015
		(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors <hr/> Designated Agency Contact <i>(Name, Title)</i> Steven Jones <hr/> Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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>(Last, First)</small>	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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
East Bay Asian Youth Center 2025 E 12th St, Oakland, CA 94606	50	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
EBAYC's mission is to support youth to be safe, smart, and socially responsible		

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

	Steven Jones	Central District Director	06.19.2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

**Agency Report of:
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) Steven Jones Area Code/Phone Number E-mail (510) 272-6693 steven.jones@acgov.org		Date Stamp	California Form 802 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 \$ _____ \$12/\$10 parking

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Anderson, Carl	3/1park	Ceremonial Role <input type="checkbox"/> Other <input 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 from parking and concession sales
	3/1park	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
Homeowners Association		

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

	Steven Jones <small>Print Name</small>	Central District Director <small>Title</small>	06.30.2015 <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Steven Jones			<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) 272-6693	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

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Reyes, Edgar		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		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
 I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Steven Jones	Central District Director
	<small>Print Name</small>	<small>Title</small>
		06.22.2015
		<small>(Month, Day, Year)</small>

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

A Public Document

1. Agency Name 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	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Young, Eddie	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
	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 <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
 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.

[Redacted Signature]	Steven Jones	Central District Director	06.19.2015
Name of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

A Public Document

1. Agency Name 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	California Form 802 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 \$ _____ \$12

Event Description Alameda County Fair Date(s) 06 / 17 / 15 07 / 05 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
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 <i>(Last, First)</i>	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>
		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
Acts Full Gospel Church 1034 - 66th Avenue Oakland, CA 94621	50	To reward a . . . nonprofit organization for its contributions to the community
Offer spiritual guidance; delivers food & clothing to hungry children & families		

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

	Steven Jones <i>Print Name</i>	Central District Director <i>Title</i>	06.19.2015 <i>(Month, Day, Year)</i>
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