

**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.) | |
| Area Code/Phone Number (510) 272-6691 | E-mail leeann.fergerson@acgov.org | Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Warriors/Celtics Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ 700.00

Date(s) 4, 1, 16

If no: GSW Name of Source

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

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | 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 |
| Washington Hospital WHHS - Fremont 2000 Monty Ave Fremont CA 94538 | 20/14 | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. |

4. Verification

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

Lee Ann Ferguson Supervisor's Assistant 2-1-16
Print Name Title (Month, Day, Year)

Comment: Serving Alameda County, CA Communities with complete hospital emergency, women's childbirth, heart, cancer joint replacement, surgery & social services care.

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

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| 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 \$ 600.00

Event Description Warriors/Portland Date(s) 3 / 11 / 16
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, D 1
Official's Name (Last, First)

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|--|------------------------------|--|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | 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>Fremont Family Resource Center</u> <u>39155 Liberty Street</u> <u>Suite A110 Fremont CA 94538</u> | <u>4/1</u> | To Reward a school or nonprofit organization for its contributions to the community. |

4. Verification

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

Lee Ann Ferguson

Supervisor's Assistant

1-28-16

Print Name

Title

(Month, Day, Year)

Comment: The FRC has over 25 state, county, city and non-profit agencies providing a variety of integrated services.

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| Board of Supervisors | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> | |
| Designated Agency Contact (Name, Title) | | | |
| Lee Ann Ferguson, Supervisor's Assistant | | | |
| Area Code/Phone Number (510) 272-6691 | E-mail leeann.fergerson@acgov.org | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 700.00

Event Description DALLAS MAVERICKS/WARRIORS Date(s) 1 / 27 / 16
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, D 1
Official's Name (Last, First)

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| <u>Allen Davidson</u> | <u>4/1</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

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

1-27-16
(Month, Day, Year)

Comment: ✓ ✓

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| Division, Department, or Region (If Applicable) Board of Supervisors | | For Official Use Only | |
| 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 \$ 35.00

Event Description Supervisors Date(s) 1/30/10
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Scott Haggerty, D 1
Official's Name (Last, First)

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

| 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>Scott Rubeneau</u> | <u>4</u> | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. some <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

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

Lee Ann Ferguson Supervisor's Assistant 1-27-10
Print Name Title (Month, Day, Year)

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|---|--------------------------------------|--|-----------------------|------------|--|
| 1. Agency Name Alameda County | | Date Stamp | California | 802 | |
| Division, Department, or Region (If Applicable) | | | Form | | |
| Board of Supervisors | | | For Official Use Only | | |
| 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: _____ <small>(Month, Day, Year)</small> | | | |
| 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 \$ 350.00

Event Description Warriors / Nuggets Date(s) 1 / 2 / 16
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, D 1
Official's Name (Last, First)

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

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

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

Signature of Agency Rep or Designee: _____ Lee Ann Ferguson Supervisor's Assistant 1-26-16
Print Name Title (Month, Day, Year)

**Agency Report of:
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| 1. Agency Name Alameda County | | Date Stamp | California Form 802 |
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| 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: _____ <small>(Month, Day, Year)</small> | |
| 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 \$ 100.00

Event Description Warriors/Mavericks Date(s) 3 / 25 / 16
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, D 1
Official's Name (Last, First)

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
| | | |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| <u>Curtis Taylor</u> | <u>4/1</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

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

Lee Ann Ferguson Supervisor's Assistant 1-26-16
Print Name Title (Month, Day, Year)

Comment: _____

**Agency Report of:
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|---|------------|---|
| 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 checked="" 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 Globetrotters Date(s) 1/16/16
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, D 1
Official's Name (Last, First)

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

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

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

Lee Ann Ferguson Supervisor's Assistant 1-25-16
Print Name Title (Month, Day, Year)

Comment:

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| 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 \$ 222.00

Event Description Raiders Football Date(s) 12, 24, 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: CSW
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>District 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"/> 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

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

Lee Ann Ferguson Supervisor's Assistant 1-25-16
Print Name Title (Month, Day, Year)

Comment: _____

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| 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 \$ 1100

Event Description WARRIORS / Lakers Date(s) 1, 14, 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: GSM
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>Emily Rozul</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

3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson Supervisor's Assistant 1-20-16
Print Name Title (Month, Day, Year)

Comment: _____

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| Area Code/Phone Number (510) 272-6691 | E-mail leeann.fergerson@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 \$ 55.00

Event Description Harlem Globetrotters Date(s) 1, 23, 16
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, D 1
Official's Name (Last, First)

3. Recipients

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

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

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 1-19-16
Print Name Title (Month, Day, Year)

Comment: ✓ ✓

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| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| Alameda County | | | |
| Division, Department, or Region (if Applicable) Alameda County Supervisor Scott Haggerty, Dist. 1 Board of Supervisors Commissioner, JPA | | | |
| 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: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description PBR Professional Bull Riding
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 \$ 47.25

Date(s) 1, 9, 16

If no: GSW
Name of Source

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

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
| <u>Scott Haggerty Board of Supervisors, D-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

144.1 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

1-8-16
(Month, Day, Year)

Comment: _____

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| 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 \$ 94.00

Event Description Pop NYE Date(s) 12, 31, 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, D 1
Official's Name (Last, First)

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

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

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 1-7-16
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) Lee Ann Ferguson, Supervisor's Assistant | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| Area Code/Phone Number (510) 272-6691 | E-mail leeann.fergerson@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 \$ 222.00

Event Description Raiders
Provide Title/Explanation

Date(s) 12/24/15

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

If no: GSW
Name of Source

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

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

3. Recipients

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

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

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

1-7-16
(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 |
| Division, Department, or Region (If Applicable) Board of Supervisors | | | For Official Use Only |
| Designated Agency Contact (Name, Title) Michelle Archuleta | | | |
| Area Code/Phone Number (510) 272-6692 | E-mail michelle.archuleta@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 \$ _____ **600.00**

Event Description Warriors vs. Orlando Magic Date(s) 03 / 07 / 16
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: |
| Jahan, Farbod | 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 student for outstanding scholastic achievement |
| | 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 *M*

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

| | |
|--|---|
| _____ Michelle Archuleta <small>Print Name</small> | _____ Director of Operations <small>Title</small> |
| | _____ 1/7/16 <small>(Month, Day, Year)</small> |

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

**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) Board of Supervisors | | For Official Use Only | |
| Designated Agency Contact (Name, Title) Michelle Archuleta | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> | |
| Area Code/Phone Number (510) 272-6692 | E-mail michelle.archuleta@acgov.org | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 1,100.00

Event Description Warriors vs. Los Angeles Lakers Date(s) 01 / 14 / 16
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: |
| Angelito, David | 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 service to the public. |
| | 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 *A*

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

| | |
|--|---|
| _____ Michelle Archuleta <small>Print Name</small> | _____ Director of Operations <small>Title</small> |
| | _____ 1/7/16 <small>(Month, Day, Year)</small> |

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

**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) Board of Supervisors | | For Official Use Only | |
| Designated Agency Contact (Name, Title) Michelle Archuleta | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> | |
| Area Code/Phone Number (510) 272-6692 | E-mail michelle.archuleta@acgov.org | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 500.00

Event Description Warriors vs. Indiana Pacers Date(s) 01 / 22 / 16
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 |
| Thompson, Gary | 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 exemplary service to the public. |
| Bremond, 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 exemplary service to the public. |
| 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 *M*

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

_____ _____
 Michelle Archuleta Director of Operations
Print Name Title

1/21/16
(Month, Day, Year)

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

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

A Public Document

| | | | |
|---|--|--|---|
| 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 Archuleta | | | |
| Area Code/Phone Number (510) 272-6692 | E-mail michelle.archuleta@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 \$ _____ 35.00

Event Description Monster Energy Supercross Date(s) 1 / 30 / 16
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: 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: |
| Cabrera, Stephanie | 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 her exemplary service to the public. |
| | 3 | 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

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

| | | | |
|---|---|--|--|
| _____ Signature of Agency Head or Designee | _____ Michelle Archuleta Print Name | _____ Director of Operations Title | _____ 1/28/16 (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 Archuleta | | | |
| Area Code/Phone Number (510) 272-6692 | E-mail michelle.archuleta@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. Atlanta Hawks Date(s) 03 / 01 / 16
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: |
| Saiyd, Nazim | | 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 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 (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification 11

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

| | | |
|--|---|---|
| _____ Michelle Archuleta <small>Print Name</small> | _____ Director of Operations <small>Title</small> | _____ 1/21/16 <small>(Month, Day, Year)</small> |
|--|---|---|

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

**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 Archuleta | | <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.archuleta@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. Utah Jazz Date(s) 03 / 09 / 16
Provide Title/Explanation

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

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

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| Hayward Chamber of Commerce 22561 Main Street, Hayward, CA 94541 | 4 | To reward a non-profit organization for its contributions to the community. |
| Benefits local organizations to support volunteerism | | |

4. Verification

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

Michelle Archuleta Director of Operations 1/21/16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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

A Public Document

| | | | |
|--|--|--|---|
| 1. Agency Name Alameda County Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Michelle Archuleta Area Code/Phone Number E-mail (510) 272-6692 michelle.archuleta@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 \$ _____ 600.00

Event Description Warriors vs. Utah Jazz Date(s) 03 / 09 / 16 _____
Provide Title/Explanation

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

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

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|--|------------------------------|---|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <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 |
| St. Rose Hospital Foundation 27200 Calaroga Ave. Hayward, CA94545 Raises funds to continue hospital mission of providing quality health care | 4 | To reward a non-profit organization for its contributions to the community. |

4. Verification

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

 Signature of Agency Head or Designee

 Michelle Archuleta
 Print Name

 Director of Operations
 Title

 1/21/16
 (Month, Day, Year)

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

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

A Public Document

| | | | |
|--|---|--|---|
| 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 Archuleta | | <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.archuleta@acgov.org | | |

2. Function or Event Information

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

Event Description Warriors vs. Portland Trail Blazers Date(s) 03 / 11 / 16
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: |
| | | 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 |
| Sunol Business Guild P.O. Box 94, Sunol, CA 94586 | 4 | To reward a non-profit organization for its contributions to the community. |
| Raises funds for Sunol Glen Elementary School and CERT programs | | |

4. Verification

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

Signature of Agency Head or Designee: Michelle Archuleta Print Name
 Title: Director of Operations
 Date: 1/27/16 (Month, Day, Year)

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

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

A Public Document

| | | | | | |
|--|---|---|---|------------|---|
| 1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Archuleta <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Area Code/Phone Number (510) 272-6692</td> <td style="width:50%; border: none;">E-mail michelle.archuleta@acgov.org</td> </tr> </table> | | Area Code/Phone Number (510) 272-6692 | E-mail michelle.archuleta@acgov.org | Date Stamp | California Form 802 For Official Use Only |
| Area Code/Phone Number (510) 272-6692 | E-mail michelle.archuleta@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. Washington Wizards Date(s) 03 / 29 / 16
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: |
| | | 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 |
| Intero Foundation, East Bay 32145 Alvarado-Niles Rd, Union City CA Raises funds for children's programs in communities they serve | 4 | To reward a non-profit organization for its contributions to the community. |

4. Verification

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

_____ Michelle Archuleta _____ Director of Operations _____ 1/27/16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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

A Public Document

| | | | |
|--|----------------------------------|---|---|
| 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/\$30parking

Event Description Basketball Game Date(s) 01 / 27 / 16
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: |
| Tam, Judy | 4+1park | 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. |
| | 4+1park | 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 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>Signature of Agency Head or Designee</i> <i>Print Name</i> | _____ Central District Director <i>Title</i> | _____ 02.01.2016 <i>(Month, Day, Year)</i> |
|--|--|--|

**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 \$ _____ **\$350**

Event Description Basketball Game Date(s) 01 / 04 / 16 _____
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: |
| | | 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 |
| Food Shift 2150 Allston Way, Suite 460 Berkeley, CA 94704 | 2 | To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. |
| Works to reduce food waste, feed the hungry, and build resilient communities | | |

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

| | | | |
|--|---|---|---|
| _____ <small>Signature of Agency Head or Designee</small> | Steven Jones <small>Print Name</small> | Central District Director <small>Title</small> | 02.01.2016 <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) 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 \$ _____ **\$350**

Event Description Basketball Game Date(s) 01 / 02 / 16 _____
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: |
| Jackson, Bob | 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.

| | | | |
|--|---|---|---|
| _____ <small>Signature of Agency Head or Designee</small> | Steven Jones <small>Print Name</small> | Central District Director <small>Title</small> | 02.01.2016 <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) 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 \$ _____ **\$350**

Event Description Basketball Game Date(s) 01 / 04 / 16 _____
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: |
| Hirota, Sherry | 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.

| | | | |
|---|---|---|---|
| <small>Signature of Agency Head or Designee</small> | Steven Jones <small>Print Name</small> | Central District Director <small>Title</small> | 02.01.2016 <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 |
| Division, Department, or Region (If Applicable) Board of Supervisors | | | For Official Use Only |
| Designated Agency Contact (Name, Title) Steven Jones | | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) |
| 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 Date(s) 01 / 11 / 16
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: |
| Cohen, Dan | 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 | Central District Director | 02.01.2016 |
| <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 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) | | | |
| Steven Jones | | | |
| Area Code/Phone Number | E-mail | | |
| (510) 272-6693 | steven.jones@acgov.org | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$1,100/\$30parking

Event Description Basketball Game Date(s) 01 / 14 / 16
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: |
| Lam, Marianne | 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 an event held at a County facility in order to maximize potential County revenue from sales. |
| | 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.

| | | | |
|--|--|--|--|
| <u>Steven Jones</u> <small>Signature of Agency Head or Designee</small> | <u>Steven Jones</u> <small>Print Name</small> | <u>Central District Director</u> <small>Title</small> | <u>02.01.2016</u> <small>(Month, Day, Year)</small> |
|--|--|--|--|

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

A Public Document

| | | | |
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| 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/\$30parking

Event Description Basketball Game Date(s) 01 / 11 / 16
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: |
| Burrows, Sean | 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 an event held at a County facility in order to maximize potential County revenue from sales. |
| | 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 | 02.01.2016 |
| Signature of Agency Head or Designee | Print Name | Title (Month, Day, Year) |

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

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **\$1,100**

Event Description Basketball Game Date(s) 01 / 14 / 16
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: |
| Cutter, Scott | 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 | 02.01.2016 |
| 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 | | Date Stamp | California Form 802 For Official Use Only |
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| 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 \$ _____ \$500

Event Description Basketball Game Date(s) 01 / 22 / 16
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: |
| Lam, Marianne | 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 | 02.01.2016 |
| <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 Alameda County | | Date Stamp | California Form 802 For Official Use Only |
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| 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 \$ \$500 / \$30 parking

Event Description Basketball Game Date(s) 01 / 22 / 16
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: |
| Cravalho, Brian | 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 an event held at a County facility in order to maximize potential County revenue from sales. |
| | 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.

| | | | |
|--|---|---|---|
| _____ <small>Signature of Agency Head or Designee</small> | Steven Jones <small>Print Name</small> | Central District Director <small>Title</small> | 02.01.2016 <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 |
| 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: _____ <small><i>(Month, Day, Year)</i></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 \$ _____ \$35.00

Event Description Monster Energy AMA Supercross Date(s) 01 / 30 / 16 _____
Provide Title/Explanation

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

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

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|-------------------------------|---|
| | | |
| | | |
| B. Name of Individual <small><i>(Last, First)</i></small> | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| | | 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 Jr. Rebels PO Box 133 San Lorenzo, CA 94580 | 4 | To promote health, motivate and provide expanded opportunities to vulnerable populations in the County... |
| Youth athletics regardless of a child's weight, size or capabilities | | |

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 | 02/01/2016 |
| <small><i>Signature of Agency Head or Designee</i></small> | <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

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|---|----------------------------------|---|---|
| 1. Agency Name Alameda County | | Date Stamp | California Form 802 For Official Use Only |
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| 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 \$ _____ \$55.00

Event Description Harlem Globetrotters Date(s) 01 / 23 / 16
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: |
| | | 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 |
| Junior Warriors Basketball League 250 Frank H. Ogawa Plaza, 94612 | 4 | To promote health, motivate and provide expanded opportunities to vulnerable populations in the County... |
| Youth athletics with a focus on teamwork and character development | | |

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

| | | | |
|--|--|--|--|
| _____ <small>Signature of Agency Head or Designee</small> | Steven Jones _____ <small>Print Name</small> | Central District Director _____ <small>Title</small> | 02/01/2016 _____ <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) 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 \$ _____ **\$55.00**

Event Description Harlem Globetrotters Date(s) 01 / 16 / 16 _____
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: |
| | | 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 |
| Oakland Citywide Girls' Sports 250 Frank H. Ogawa Plaza, 94612 | 4 | To promote health, motivate and provide expanded opportunities to vulnerable populations in the County... |
| Youth athletics with a focus on teamwork and character development | | |

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

| | | |
|--------------------------------------|---------------------------|-----------------------------|
| Steven Jones | Central District Director | 02/01/2016 |
| Signature of Agency Head or Designee | Print Name | Title (Month, Day, Year) |

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

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| 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 \$ _____ \$47.25

Event Description Professional Bull Riders Date(s) 01 / 09 / 16 _____
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: |
| Torres, Sandra | 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 promote attendance at an event held at a County facility in order to maximize potential County 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.

| | | |
|---|---------------------------|-----------------------------------|
| Steven Jones | Central District Director | 02/01/2016 |
| <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**

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| 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> Amy Shrago | | <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) 272-6695 | 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 \$ _____ **350.00**

Event Description Warriors vs. Nuggets Date(s) 01 / 02 / 16
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 | 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 <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 r _____ ations 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)

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

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| 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: _____ <i>(Month, Day, Year)</i> | |
| 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. Heat Date(s) 01 / 11 / 16
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 <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 |
| Peter Pan Cooperative Nursery School 4618 Allendale Ave., Oakland CA 94619 | 4 | To reward a school or nonprofit organization for its contributions to the community. |

4. Verification
 I have _____ Amy Shrago _____ Supervisor's Assistant _____ 02/01/16
ations 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)

Comment: _____

**Agency Report of:
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| 1. Agency Name Alameda County | | Date Stamp | California Form 802 For Official Use Only |
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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 \$ _____ 500.00

Event Description Warriors vs. Pacers Date(s) 01 / 22 / 16
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 | 4 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization <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 regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ _____ _____ _____
Signature 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 \$ 700.00

Event Description Warriors vs. Mavericks Date(s) 01 / 27 / 16
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: |
| Bates, Tom | 4 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote tourism as a form of economic 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 <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 _____ _____ _____ _____
Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Supervisor's Assistant
02/01/16
Print Name
Title
(Month, Day, Year)

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

A Public Document

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| Board of Supervisors | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| Designated Agency Contact (Name, Title) | | | |
| Amy Shrago | | | |
| Area Code/Phone Number (510) 272-6695 | E-mail amy.shrago@acgov.org | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 47.25

Event Description PBR Blue DEF Tour Date(s) 01 / 09 / 16
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: |
| Carter, Shomari | 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 regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

| | | | |
|-----------------------------|------------------------------------|-------------------------------|--|
| _____ <small>Sig</small> | _____ <small>Print Name</small> | _____ <small>Title</small> | _____ <small>(Month, Day, Year)</small> |
|-----------------------------|------------------------------------|-------------------------------|--|

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

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| 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: _____ <i>(Month, Day, Year)</i> | |
| 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 \$ _____ **35.00**

Event Description AMA Supercross Date(s) 01 / 30 / 16
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><i>(Last, First)</i></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><i>If checking "Ceremonial Role" or "Other" describe below:</i></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><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 reviewed the above information and certify that the information is true and correct. I have verified that the distribution set forth above, is in accordance with the requirements.

Slg
Print Name
Title
(Month, Day, Year)