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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td></td>
</tr>
<tr>
<td>Division, Department, or Region (if Applicable)</td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
</tr>
<tr>
<td>Lee Ann Fergerson, Supervisor's Assistant</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
</tr>
<tr>
<td>(510) 272-6691</td>
<td><a href="mailto:leeann.fergerson@acgov.org">leeann.fergerson@acgov.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
<th>Date Stamp: (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Event Description:</td>
<td>Provide Title/Explanation</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☑ Yes ☑</td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
<td>7.50</td>
</tr>
<tr>
<td>Date(s)</td>
<td>4/1/14</td>
</tr>
<tr>
<td>If no:</td>
<td>GSW</td>
</tr>
<tr>
<td>If yes:</td>
<td>Alameda County Supervisor Scott Haggerty, District 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Section A to identify the agency's department or unit.</td>
</tr>
</tbody>
</table>

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

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

#### 4. Verification

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

---

Signature of Agency Head or Designee: [Signature]

Lee Ann Fergerson, Supervisor's Assistant: Print Name: (Month, Day, Year) 3/31/14

Comment: ____________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 30
   Event Description A's vs. Indians
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Date(s) 4 / 1 / 14
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

   A. Name of Agency, 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:
   Guzman, Josue 2
   To reward a community volunteer for his service to low income children in Oakland.

   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 19441 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   3/31/14
   Comment:

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

1. **Agency Name**
   Alameda County

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Event Description**
     A's vs. Indians
   - **Face Value of Each Ticket/Pass** $30
   - **Date(s)** 4 / 2 / 14
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒

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

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

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

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

   **B. Name of Individual**

   **Last, First**

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

   **Identify one of the following:**

   **Ceremonial Role** ☐ **Other** ☐ **Income** ☐

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

   **To reward a community volunteer for her service to children in the City of Alameda.**

   **Ceremonial Role** ☐ **Other** ☐ **Income** ☐

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

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

   **Signature of Agency Head or Designee**

   Alex Boskovitch

   **Position Name**

   Senior Legislative Aide

   **Title**

   3/31/14

   **(Month, Day, Year)**

   **Comment:**

   FPPC Form 802 (4/12)

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

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Michelle Dianda
Area Code/Phone Number E-mail
(510) 272-6692 michelle.dianda@acgov.org

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Event Description Oakland A's vs. Cleveland Indians
Provide Title/Explanation
Face Value of Each Ticket/Pass $ 24.00
Date(s) 03 / 31 / 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland A's
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kobayashsi, Alex</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee: Michelle Dianda
Print Name: Supervisor's Aide: (Month, Day, Year)

Comment: 3/31/14

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

#### 1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Michelle Dianda
Area Code/Phone Number E-mail
(510) 272-6692 michelle.dianda@acgov.org

#### 2. Function or Event Information
<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Face Value of Each Ticket/Pass</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No ☐</td>
<td>$24.00</td>
<td>04 / 01 / 14</td>
</tr>
</tbody>
</table>

Event Description: Oakland A's vs. Cleveland Indians

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

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

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

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

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

Ceremonial Role or "Other" describe below:

To reward a community volunteer for his service to the community

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

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

Signature of Agency Head or Designee
Michelle Dianda
Supervisor's Aide

Print Name
Title
(Month, Day, Year)

Comment: 

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

**1. Agency Name**
- Alameda County
- Board of Supervisors
- **Designated Agency Contact (Name, Title)**
  - Michelle Dianda

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

**E-mail**
- michelle.dianda@acgov.org

**Date Stamp**

**California Form 802**

**2. Function or Event Information**
- **Does the agency have a ticket policy?**
  - Yes [ ] No [x]
- **Event Description**
  - Oakland A's vs. Cleveland Indians
- **Face Value of Each Ticket/Pass $**
  - 24.00
- **Date(s)**
  - 04 / 02 / 14
- **Ticket(s)/Pass(es) provided by agency?**
  - Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?**
  - No [ ] Yes [x]

**3. Recipients**

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

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

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

### B. Name of Individual

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

To reward a community volunteer for her service to the community

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
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### 4. Verification

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

- **Signature of Agency Head or Designee**
  - Michelle Dianda
- **Print Name**
  - Supervisor's Aide
- **Title**
  - (Month, Day, Year)

**Comment:**

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Oakland A's vs. Houston Astros
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $ 1780.00
Date(s) 04 / 19 / 14
If no: Oakland A's
Name of Source
If yes: Valle, Richard - Supervisor District 2
Official's Name (Last, First)

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

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<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Hayward 1099 E Stree, Hayward CA 94541</td>
<td>20</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Supports volunteer activities for HARD and City of Hayward</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Michelle Dianda Supervisor's Aide
Print Name Title
(Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ __________ 24.00
Event Description
Oakland A's vs. San Francisco Giants
Provide Title/Explanation

Date(s) 03 / 29 / 14

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
Name of Source

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

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

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

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

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

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

Signature of Agency Head or Designee: Michelle Dianda
Print Name: Supervisor’s Aide
Title: (Month, Day, Year)

Comment: __________________________________________________________________________

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

### 1. Agency Name
- **Alameda County**
- **Division, Department, or Region (if Applicable):**
  - Board of Supervisors
- **Designated Agency Contact (Name, Title):**
  - Michelle Dianda

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Face Value of Each Ticket/Pass $** 300.00
- **Event Description: Warriors vs. Mavericks**
- **Date(s):**
  - 03 / 11 / 14
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **If yes:** Golden State Warriors
- **Was ticket distribution made at the behest of agency official?** Yes [X]
- **If yes:** Valle, Richard- Supervisor District 2

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td></td>
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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [X] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>S. Alameda County Young Democrats 5310 Westbury Ct. Newark, CA 94560</td>
<td>4</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

### 4. Verification
- I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
- **Signature of Agency Head or Designee:**
  - Michelle Dianda
- **Supervisor's Aide:**
  - Supervisor's Aide
- **Title:**
  - 3/11/14

**Comment:** Includes 1 parking pass at the value of $20
Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Michelle Dianda
Area Code/Phone Number (510) 272-6692
E-mail michelle.dianda@acgov.org

Date Stamp
California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Warriors vs. Magic
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 $ 250.00
Date(s) 03 / 18 / 14

If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor, District 2
Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murtaza, Layma</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee ____________________________
Print Name Michelle Dianda
Supervisor’s Aide ____________________________
Title ____________________________
(Month, Day, Year) 3/11/14

Comment: ____________________________________________

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $250.00
Event Description Warriors vs. Bucks
Date(s) 03 / 20 / 14
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
Name (Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☒ Income ☐

Hickey, Neal
4
If checking “Ceremonial Role” or “Other” ascribe below:
To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

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

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

Signature of Agency Head or Designee Michelle Dianda Supervisor’s Aide
Print Name Title
(month, day, year)

Comment: Includes 1 parking pass at the value of $20

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]
   - Face Value of Each Ticket/Pass $ 85.00
   - Event Description
     - Oakland A's vs. Kansas City Royals
   - Date(s) 08 / 01 / 14
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - If no: Oakland A's
   - Name of Source
   - If yes: Valle, Richard- Supervisor District 2
   - Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
<td></td>
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<td></td>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<table>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drivers for Survivors 39270 Paseo Padre Pky, Fremont 94538</td>
<td>4</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Assisting cancer patients and free transportation services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**
   - Signature of Agency Head or Designee
     - Michelle Dianda
   - Print Name
   - Supervisor's Aide
     - [ ] Month, Day, Year
   - Comment: Includes 1 parking pass at the value of $20

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 24.00
Event Description Oakland A's vs. Texas Rangers
Date(s) 04 / 21 / 14 04 / 22 / 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hayward Promise Neighborhood 25800 Carlos Bee Blvd, Hayward 94542</td>
<td>2</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Promoting effective schools and community support for Hayward</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Michelle Dianda Supervisor's Aide
Print Name Title
March, Day, Year

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

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

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 1780.00
Event Description Oakland A's vs. Minnesota Twins
Provide Title/Explaination
Date(s) 08 / 07 / 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Valle, Richard Supervisor District 2
Official's Name (Last, First)

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

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<tr>
<th>Name of Agency, Department or Unit</th>
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<tr>
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<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic Community Affairs Council P.O. Box 3151, Hayward CA 94540</td>
<td>20</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Promotes value of education, cultural diversity and community involvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Michelle Dianda
Print Name: Supervisor's Aide: 3/27/14

(If Applicable)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Michelle Dianda

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

Date Stamp California Form 802

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 1780.00

Event Description Oakland A's vs. Seattle Mariners

Provide Title/Explanation

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

If no: Oakland A's

If yes: Valle, Richard - Supervisor, District 2

Name of Source

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

Official's Name (Last, First)

3. Recipients

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

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Haven Schools Foundation P.O. Box 1574, Union City, CA 94587</td>
<td>20</td>
<td>To reward a non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Michelle Dianda
Print Name: Supervisor's Aide
Title: ____________________________ (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Michelle Dianda
   Area Code/Phone Number (510) 272-6692
   E-mail michelle.dienda@acgov.org

Date Stamp

California Form 802
For Official Use Only

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 1780.00
   Event Description Oakland A's vs. Chicago White Sox
   Date(s) 05 / 13 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If no: Oakland A's
   If yes: Valle, Richard- Supervisor, District 2
   Name of Source
   Official's Name (Last, First)

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

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

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

C. Name of Outside Organization (include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   League of Volunteers 8440 Central Ave., Newark CA 94560
   20 To reward a non-profit organization for its contributions to the community
   Serves children, seniors and those in need

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

Signature of Agency Head or Designee Michelle Dianda Superviso's Aide
Print Name
Title
(Month, Day, Year)

Comment:

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

1. **Agency Name**
   - Alameda County
   - Division, Department, or Region (If Applicable)
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - Michelle Dianda
   - Area Code/Phone Number: (510) 272-6692
   - E-mail: michelle.dianda@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Face Value of Each Ticket/Pass $** 1780.00
   - **Event Description** Oakland A's vs. Texas Rangers
   - **Date(s)** 06 / 17 / 14
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **If no: Name of Source** Oakland A's
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
   - **If yes: Name of Source** Valle, Richard- Supervisor, District 2

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

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

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

   **C. Name of Outside Organization**
<table>
<thead>
<tr>
<th>(Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union City Lions Club</td>
<td>34009 Alvarado Niles Rd, Union City</td>
<td>20</td>
</tr>
</tbody>
</table>

4. **Verification**
   - I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature of Agency Head or Designee: [Signature]
   - Print Name: Michelle Dianda
   - Supervisor's Aide: [Title]
   - Date: 3/25/14

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Michelle Dianda
   Area Code/Phone Number E-mail
   (510) 272-6692 michelle.dianda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 1780.00
   Event Description Oakland A's vs. Texas Rangers
   Provide Title/Explanation
   Date(s) 06 / 16 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   If yes: Valle, Richard- Supervisor, District 2
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Hayward Education Foundation
      P.O. Box 56444, Hayward 94545
      20 To reward a non-profit organization for its contributions to the community
      Raises funds for Hayward schools for scholarships & extra-curricular activities

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

   Signature of Agency Head of Designee
   Michelle Dianda
   Print Name
   Supervisor's Aide
   Title
   (Month, Day, Year)
   3/25/14

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

**1. Agency Name**
Alameda County

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

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

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

**Date Stamp**
(For Official Use Only)

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Face Value of Each Ticket/Pass $** 250/$30
- **Event Description** Warriors vs. Timberwolves
  
  **Provide Title/Explanation**
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no:**
  - **Golden State Warriors**
  - **Name of Source**
  
  **If yes:**
  - **Alameda County Supervisor Wilma Chan**
  - **Official’s Name (Last, First)**

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

#### A. Name of Agency, Department or Unit
<table>
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<tr>
<th>Name of Agency, Department or Unit</th>
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#### B. Name of Individual
<table>
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<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Williams, John</td>
<td>2/park</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>

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

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

**Signature of Agency Head or Designee**
Alex Boskovitch

**Post Name**
Senior Legislative Aide

**Title**

3/31/14 (Month, Day, Year)

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

1. **Agency Name**
   Alameda County

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

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

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

   Date Stamp

   *California Form 802*
   For Official Use Only

   □ Amendment (Must provide explanation in Part 3.)

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

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ ____________ 30
   Event Description A's vs. Indians
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Wiima Chan
   Official's Name (Last, First)

   Date(s) 3 / 31 / 14

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

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

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

      Chan, Daren

      2

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

      Ceremonial Role ☐ Other ☐ Income ☐

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

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

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

   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   Date 3/27/14
   (Month, Day, Year)

   Comment: ______________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 30
   Event Description  A's vs. Mariners
   Date(s)  4 / 4 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 19441 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee  Alex Boskovitch  Senior Legislative Aide
Print Name  Title  (Month, Day, Year)
3/27/14

Comment: 

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Alex Boskovich
Area Code/Phone Number (510) 272-6693
E-mail alex.boskovich@acgov.org
Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description A's vs. Mariners
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $ 30
Date(s) 4 / 3 / 14
Name of Source
If no: Oakland Athletics
If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

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

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

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

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

Signature of Agency Head or Designee
Alex Boskovich
Senior Legislative Aide
Title
3/27/14 (Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org
   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description A's vs. Giants
   Face Value of Each Ticket/Pass $ 30
   Date(s) 3/29/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brekke-Miesner, Lukas</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the youth in the Cities of Oakland and Alameda.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understood FPPC Regulations 18944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Alex Boskovich Senior Legislative Aide
Print Name Title

Date Stamp

Comment:

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

Alameda County

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

#### Designated Agency Contact (Name, Title)
Alex Boskovich

#### Area Code/Phone Number
(510) 272-6693

#### E-mail
alex.boskovich@acgov.org

---

### Function or Event Information

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

#### Event Description
A's vs. Giants

#### Face Value of Each Ticket/Pass
$85/$20 parking

#### Date(s)
3 / 29 / 14

---

### Recipients

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

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

---

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trejo, Miguel</td>
<td>4/park</td>
<td>To reward a community volunteer for his service to the City of Alameda.</td>
</tr>
</tbody>
</table>

---

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

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

---

### Verification

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

---

Signature of Agency Head or Designee: Alex Boskovich

Post Name: Senior Legislative Aide

Date: 3/27/14

---

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org
   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Warriors vs. Kings
   Face Value of Each Ticket/Pass $ 250/$30
   Provide Title/Explanation
   Date(s) 4/4/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Moreno, Jennifer | 4/park | Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Print Name
   Senior Legislative Aide
   Title
   Date Stamp (Month, Day, Year) 3/27/14

Comment:

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

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

## 1. Agency Name

- Alameda County
- Board of Supervisors
- Designated Agency Contact: Alex Boskovich
- Area Code/Phone Number: (510) 272-6693
- Email: alex.boskovich@acgov.org

## 2. Function or Event Information

- Does the agency have a ticket policy? Yes ☒ No ☐
- Event Description: Warriors vs. Jazz
- Face Value of Each Ticket/Pass$: $200/$30 parking
- Date(s): 4/6/14
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

## 3. Recipients

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

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

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

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

I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

- Signature of Agency Head or Designee: Alex Boskovich
- Print Name: Alex Boskovich
- Senior Legislative Aide: Senior Legislative Aide
- Title: (Month, Day, Year)

Comment: 

FPPC Form 802 (4/12)
# Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   
   **Event Description**
   - Warriors vs. Spurs
   
   **Face Value of Each Ticket/Pass $**
   - 300/$30
   
   **Date(s)**
   - 3/22/14
   
   **Ticket(s)/Pass(es) provided by agency?**
   - Yes ☐ No ☒
   
   **Was ticket distribution made at the behest of agency official?**
   - No ☐ Yes ☒
   
   **If yes:** Alameda County Supervisor Wilma Chan
   
   **Official's Name (Last, First)**
   - Name of Source
   - Golden State Warriors

3. **Recipients**

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

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

   **B. Name of Individual**
   
   **Number of Ticket(s)/Pass(es)**
   
   **Ceremonial Role** ☐ Other ☐
   
   **Income** ☐

   **Identify one of the following:**

   **Cravahlo, Christopher**
   
   **4/park**
   
   **To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.**

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

4. **Verification**

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

   **Signature of Agency Head or Designee**
   - Alex Boskovich
   
   **Print Name**
   - Senior Legislative Aide
   
   **Title**
   - 3/19/14
   
   **(Month, Day, Year)**

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Warriors vs. Spurs
   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 $ $300/$30
   Date(s) 3/22/14
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.
   
   **A.** Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   
   **B.** Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   Rivera, Leticia
   3/park
   3/park

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   
   Signature of Agency Head or Designee: Alex Boskovich
   Senior Legislative Aide: (Month, Day, Year)
   Signature of Agency Head or Designee: Alex Boskovich
   Senior Legislative Aide: (Month, Day, Year)
   
   Comment: 

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Alex Boskovich

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

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

   Event Description Warriors vs. Spurs
   Face Value of Each Ticket/Pass $ 300/$30
   Date(s) 3 / 22 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

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

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

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

   Signature of Agency Head or Designee
   Alex Boskovich
   Print Name
   Senior Legislative Aide
   Title
   Date (Month, Day, Year) 3/19/14
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 300/$30
   Event Description Warriors vs. Spurs
   Date(s) 3 / 22 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

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

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

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

   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   3/19/14 (Month, Day, Year)

   Comment:

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

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)
Alex Boskovich

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

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 300

Event Description
Warriors vs. Spurs

Provide Title/Explanation

Date(s) 3 / 22 / 14

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.

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

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

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

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

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

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

Signature of Agency Head or Designee: Alex Boskovich
Print Name: Senior Legislative Aide
Title: 3/19/14
(Month, Day, Year)

Comment: __________________________

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

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

2. **Function or Event Information**
   Does the agency have a ticket policy?  
   Yes ☑ No ☐
   Event Description  
   Warriors vs. Spurs
   Ticket(s)/Pass(es) provided by agency?  
   Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official?  
   No ☐ Yes ☑
   Face Value of Each Ticket/Pass $  
   Date(s)  3 / 22 / 14
   If no:  
   Name of Source  
   Golden State Warriors
   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**
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   To reward a county employee for his exemplary service to the public.

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

4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich  
   Print Name
   Senior Legislative Aide
   Title
   Date 3/19/14
   (Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Warriors vs. Bucks
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Date(s) 3 / 11 / 14
   Face Value of Each Ticket/Pass $ 250
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

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

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

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

Signature of Agency Head or Designee Alex Boskovich
Print Name
Senior Legislative Aide
Title
Date 3/14/14
(Full Name, Print Name)
(Month, Day, Year)

Comment: 

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org
   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 300/$30
   Event Description Warriors vs. Mavericks
   Provide Title/Explanation
   Date(s) 3/11/14
   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.

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

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

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

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

   Signature of Agency Head or Designee: Alex Boskovich
   Print Name: Senior Legislative Aide
   Title: Date (Month, Day, Year) 3/1/14

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

1. **Agency Name**
   - Alameda County

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Face Value of Each Ticket/Pass $** 350/$30
   - **Event Description** Warriors vs. Nuggets
   - **Date(s) 4 / 10 / 14**
   - **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
   - **If no: Golden State Warriors**
   - **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]
   - **If yes: Alameda County Supervisor Wilma Chan**

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

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

   **B. Name of Individual**
   - **Last, first**
   - **Number of Ticket(s)/Pass(es)**
   - **Ceremonial Role**
   - **Other**
   - **Income**
   - **Identify one of the following:**
   - **To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.**

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

4. **Verification**

   **Signature of Agency Head or Designee**
   - Alex Boskovich
   - Senior Legislative Aide
   - 3/19/14

   **Comment:**

---

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

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

### 1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Alex Boskovich
Area Code/Phone Number (510) 272-6693
E-mail alex.boskovich@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 Warriors vs. Nuggets
Provide Title/Description

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

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

#### B. Name of Individual (Last, First)

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

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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Paul's Episcopal School 262 Grand Ave, Oakland, CA 94610 2</td>
<td>To reward an Oakland school for its contributions to the community.</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Alex Boskovich
Print Name Senior Legislative Aide
Title 3/19/14 (Month, Day, Year)

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

### 1. Agency Name
Alameda County

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

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

**Area Code/Phone Number**
(510) 272-6693

**E-mail**
alex.boskovich@acgov.org

### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☒ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Warriors vs. Magic</td>
</tr>
<tr>
<td><strong>Face Value of Each Ticket/Pass $</strong></td>
<td>250/$30 parking</td>
</tr>
<tr>
<td><strong>Date(s)</strong></td>
<td>3 / 18 / 14</td>
</tr>
</tbody>
</table>

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

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

### 3. Recipients

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

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

**B.** Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐

**To, Andy**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reward a student for outstanding scholastic achievements in the arts.</td>
<td></td>
</tr>
</tbody>
</table>

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

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

### 4. Verification

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

**Signature of Agency Head or Designee**
Alex Boskovich

**Print Name**
Senior Legislative Aide

**Title**
3/18/14

**Comment:**

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

1. Agency Name
Alameda County
Board of Supervisors
Designated Agency Contact (Name, Title)
Alex Boskovich
Area Code/Phone Number (510) 272-6693
E-mail alex.boskovich@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 250
Event Description Warriors vs. Bucks
Date(s) 3 / 11 / 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designate Alex Boskovich Senior Legislative Aide
Print Name Title
Date 3/14/14 (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Warriors vs. Mavericks
   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 $ 300
   Date(s) 3/11/14
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

   | Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: 
   |---------------------------------|-----------------------------|---------------------------------------------------------------|
   | Jackson, Bob                    | 2                           | Ceremonial Role ☐ Other ☐ Income ☐ 
   |                                 |                             | To reward a community volunteer for his service to the public. |

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

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

   Signature of Agency Head or Designee
   Alex Boskovich
   Print Name
   Senior Legislative Aide
   3/12/14 (Month, Day, Year)
   Comment:

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

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

   Area Code/Phone Number: (510) 272-6693
   E-mail: alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x]
   Face Value of Each Ticket/Pass $300/$30 parking
   Event Description: Warriors vs. Mavericks
   Date(s): 3/11/14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Golden State Warriors
   If yes: Golden State Warriors
   Name of Source: Wilma Chan
   Official's Name (Last, First): Alameda County Supervisor Wilma Chan

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944-18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Alex Boskovich
   Senior Legislative Aide: Senior Legislative Aide
   Date: 3/12/14

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovitch
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovitch@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 200
   Event Description Warriors vs. Suns
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Happy Date(s) 3 / 9 / 14
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Alameda County Supervisor Wilma Chan

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovitch
   Print Name
   Senior Legislative Aide
   Title
   Date 3/5/14
   Comment:

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $ 3000
   Event Description: A game
   Date(s) 3/31/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   If no: GSW
   If yes: Alameda County Supervisor Scott Haggerty, District 1
         Name of Source:
         Official's Name (Last, First):

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

A. Name of Agency, Department or Unit

B. Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es) 2

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

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

Signature of Agency Head or Designee Lee Ann Fergerson Supervisor's Assistant

Print Name Title 3/31/14

Comment: To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Lee Ann Fergerson, Supervisor’s Assistant
   Area Code/Phone Number: (510) 272-6691
   E-mail: leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $85.00
   Date(s): 3/29/14
   If no: GSW
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
      ———————————————————————————————————————————
      Richard Wells 4/1 | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
      Ceremonial Role ☐ Other ☐
      Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: [Signature]
   Print Name: Lee Ann Fergerson
   Supervisor’s Assistant
   Title: [Title]
   Date: 3-28-14

Comment: [Comment]
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court
   Agency Name: (Do not use acronyms)
   Alameda County
   Division, Board, Department, District, if applicable
   Board of Supervisors Scott Haggerty, District 1
   Office Manager
   Your Position
   Agency: ____________________________ Position: ____________________________
   ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

2. Jurisdiction of Office (Check at least one box)
   □ State
   □ Multi-County ____________________________
   □ City of ____________________________
   □ Judge or Court Commissioner (Statewide Jurisdiction)
   □ County of ____________________________
   □ Other ____________________________

3. Type of Statement (Check at least one box)
   ✔ Annual: The period covered is January 1, 2013, through December 31, 2013.
   -or-
   The period covered is ___________ / ___________ , through December 31, 2013.
   □ Leaving Office: Date Left ___________ / ___________ / ___________.
   (Check one)
   ○ The period covered is January 1, 2013, through the date of leaving office.
   □ Assuming Office: Date assumed ___________ / ___________ / ___________.
   ○ The period covered is ___________ / ___________ / ___________ , through the date of leaving office.
   □ Candidate: Election year ___________ and office sought, if different than Part 1: ____________________________

4. Schedule Summary
   Check applicable schedules or “None.”
   ◁ Total number of pages including this cover page: ____________
   □ Schedule A-1 - Investments - schedule attached
   □ Schedule A-2 - Investments - schedule attached
   □ Schedule B - Real Property - schedule attached
   □ Schedule C - Income, Loans, & Business Positions - schedule attached
   □ Schedule D - Income - Gifts - schedule attached
   □ Schedule E - Income - Gifts - Travel Payments - schedule attached
   -or-
   ✔ None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS
   (Business or Agency Address Recommended - Public Document)
   1221 Oak Street, Suite 536
   Oakland, CA 94612
   DAYTIME TELEPHONE NUMBER
   (510) 272-6691
   E-MAIL ADDRESS (OPTIONAL)
   leean.fergerson@acgov.org

   I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

   I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Date Signed ____________
   (month, day, year)
   Signature ____________________________
   (File the originally signed statement with your filing officer.)

FPPC Form 700 (2013/2014)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 2500
   Event Description Warriors
   Provide Title/Explanation
   Date(s) 4/4/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Board of Supervisors District 1
      4/1
      To reward a county employee for his or her exemplary service to the public.

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

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

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

   Signature of Agency Head or Designee
   Lee Ann Ferguson Supervisor’s Assistant
   Print Name
   Title (Month, Day, Year)

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

1. Agency Name
Alameda County
Board of Supervisors
Lee Ann Fergerson, Supervisor’s Assistant

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

Date Stamp: California Form 802
For Official Use Only

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

Event Description:

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

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

Face Value of Each Ticket/Pass $ 30

Date(s): 06/14

If no: Oakland Athletics

Name of Source

If yes: Alameda County Supervisor Scott Haggerty, District 1

Official’s Name (Last, First)

3. Recipients

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

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

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

Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

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

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

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

Drivers for Survivors 4/12
39270 Paseo Padre Pkwy
Fremont, CA 94536

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

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

Signature of Agency Head or Designee: Lee Ann Fergerson, Supervisor’s Assistant

Print Name: Signature Date: 06/14

Comment:
Transportation for Cancer Patients Who Cannot Drive
Fed ID # 45-4906143

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ 1,700
   Event Description
   Date(s) 5/27/14
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: [Go]
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   
   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role □ Other □ Income □
   If checking “Ceremonial Role” or “Other” describe below:
   Ceremonial Role □ Other □ Income □
   If checking “Ceremonial Role” or “Other” describe below:
   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   Fremont Symphony 2014
   P.O. Box 104 Fremont CA
   To reward a school or nonprofit organization for its contributions to the community.

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

Comment:

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

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

**2. Function or Event Information**
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description _As game_ (Provide Title/Explanation)
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 700
Date(s) 4/13
If no: GSW
Name of Source
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official’s Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Justice Center of Alameda County 3/4 of 70 27th Ave.</td>
<td>20/4</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

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

Lee Ann Ferguson  
Supervisor’s Assistant  
(Month, Day, Year)

Comment: Proceeds go towards Kid Zone Children’s & Youth Services Program  
& Client Transportation Program  
& Protection & Programs/Services for Crime Victims.
### Agency Name
Alameda County
Board of Supervisors
Lee Ann Fergerson, Supervisor's Assistant

### Area Code/Phone Number
(510) 276-6691
E-mail: leeann.fergerson@acgov.org

### Event Information
- **Does the agency have a ticket policy?** Yes ☐ No ☑
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑

### Event Description
- **Provide Title/Explanation:** A game

### Face Value of Each Ticket/Pass
- **$2000**

### Date(s)
- **5/11/14**

### Name of Source
- **Name:**
- **Source:** GSW

### Recipients

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

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

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

**Ereoptomist International of Dublin/Pleasanton**
P.O. Box 51
Pleasanton, CA 94566

- **20/4**

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

### Verification
- **Signature of Agency Head or Designee:**
- **Print Name:**
- **Supervisor's Assistant:**

**Lee Ann Fergerson**
**3/3/14**

**Comment:** Org. to improve the lives of women & children in local communities & throughout the world
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ 25
   Event Description Disneyland
   Date(s) 2/14/14
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? No □ Yes □
   If yes: Alameda County Supervisor Scott Haggerty, District 1

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit DISTRICT 1
      Number of Ticket(s)/Pass(es) 3
      Describe the public purpose made pursuant to the agency's policy To reward a county employee for his or her exemplary service to the public.

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Lee Ann Fergerson Supervisor's Assistant
   Print Name (Month, Day, Year) 3/14/14

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

1. Agency Name
   Alameda County

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $250
   Event Description: WARRIORS BASKETBALL
   Provide Title/Explanation
   Date(s) 3/20/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: (GSW)
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

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

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

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

   Signature of Agency Head & Designee
   Lee Ann Fergerson
   Supervisor's Assistant
   Title
   Date: 3/3/14

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ 84.15
   Event Description WWE Live
   Date(s) 02 / 07 / 14
   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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at a County facility in order to maximize potential County revenue.

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

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

   Amy Shrago
   Supervisor's Assistant
   3/3/14
   Comment:

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

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

Date Stamp

A Public Document

California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒
Face Value of Each Ticket/Pass $157.30
Event Description Miley Cyrus
Provide Title/Explanation
Date(s) 02 / 24 / 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
If yes: Carson, Keith
Official’s Name (Last, First)

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

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

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

Wilson, Jenny 2
To promote attendance at a County facility in order to maximize potential County revenue.

Wilson, Shaniya 2
To promote attendance at a County facility in order to maximize potential County revenue.

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

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

Amy Shrago
Supervisor's Assistant
Print Name
Title
3/3/14 (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 37.65
   Event Description Disney on Ice: Rockin' Ever After
   Provide Title/Explanation
   Date(s) 02/27/14
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>
   | Lewis, Reako                     | 4                            | Ceremonial Role ☐ Other ☑ Income ☐
   |                                  |                              | If checking "Ceremonial Role" or "Other" describe below: |
   |                                  |                              | To promote attendance at a County facility in order to maximize potential County revenue. |

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<tr>
<th>Name of Outside Organization (include address and description)</th>
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   ____________________________________________  ____________________________________________
   Amy Shraro  Supervisor's Assistant
   Print Name  Title
   (Month, Day, Year)
   Comment: ____________________________________

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

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

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☐ No X  
Face Value of Each Ticket/Pass $ 37.65  
Event Description Disney on Ice: Rockin' Ever After  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No X  
If no: Golden State Warriors  
Name of Source  
Date(s): 02 / 28 / 14  
Was ticket distribution made at the behest of agency official? No ☐ Yes X  
If yes: Carson, Keith  
Official's Name (Last, First)

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

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

| B. Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐  
Other X  
Income ☐  
If checking “Ceremonial Role” or “Other”: describe below:  
To promote attendance at a County facility in order to maximize potential County revenue.  
Ceremonial Role ☐  
Other ☐  
Income ☐  
If checking “Ceremonial Role” or “Other”: describe below: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mitchell, Kenneth</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago  
Employee/Agency Head who signed

Supervisor's Assistant  
Price Name  
Title

3/3/14  
(Month, Day, Year)

Comment:  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number E-mail
(510) 272-6695 amy.shrago@acgov.org

1. Agency Name

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No ☒
   Event Description Disney on Ice: Rockin' Ever After
   Date(s) 03 / 01 / 14
   Face Value of Each Ticket/Pass $ 37.65
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
   If no: Golden State Warriors
   If yes: Carson, Keith
   Was ticket distribution made at the behest of agency official? No □ Yes ☒

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

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role □ Other ☒ Income: □
      To promote attendance at a County facility in order to maximize potential County revenue.
      Ceremonial Role □ Other □ Income: □

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

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Amy Shrago
Print Name
Supervisor's Assistant
Title
3/3/14
Month, Day, Year

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
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Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number (510) 272-6695
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2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Face Value of Each Ticket/Pass $37.65
Event Description Disney on Ice: Rockin' Ever After
Provide Title/Explanation
Date(s) 03/02/14
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) 4
Describe the public purpose made pursuant to the agency’s policy

B. Name of Individual Last, First ____________________________
Number of Ticket(s)/Pass(es) 4
Identify one of the following:
Ceremonial Role ☐ Other ☑ Inconnu ☐
If checking 'Ceremonial Role' or "Other", describe below:
To promote attendance at a County facility in order to maximize potential County revenue.
Ceremonial Role ☐ Other ☐ Inconnu ☐
If checking 'Ceremonial Role' or "Other", describe below:

C. Name of Outside Organization (include address and description) ____________________________
Number of Ticket(s)/Pass(es) 4
Describe the public purpose made pursuant to the agency’s policy

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

Amy Shrago Supervisor's Assistant
Signature Signature
Print Name Title
Date 3/3/14
(Month, Day, Year)

Comment: ____________________________