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

   □ 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. Chicago White Sox
   Face Value of Each Ticket/Pass $: 1780.00
   Date(s): 05 / 13 / 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
   Official's Name (Last, First)

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

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

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

   ** B. Name of Individual **

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>League of Volunteers</td>
<td>20</td>
<td>Helps with the needs of youth, senior citizens providing safety net services</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  
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**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☒ No ☐</th>
<th>Face Value of Each Ticket/Pass</th>
<th>$ 1780.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Oakland A's vs. Toronto Blue Jays</td>
<td>Date(s)</td>
<td>07 / 06 / 14</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☒</td>
<td>If no:</td>
<td>Oakland A's</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☐ Yes ☒</td>
<td>If yes:</td>
<td>Valle, Richard- Supervisor District 2</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last First</td>
<td>20</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Rose Hospital Foundation</td>
<td>20</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

Signature of Agency Head or Designee  
Michelle Dianda  
Supervisor's Aide  
4/15/14  

Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helplines: 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**
   - (Month, Day, Year)

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes ☑ No ☐
   - **Face Value of Each Ticket/Pass $**
     - 30.00
   - **Event Description**
     - Oakland A's vs. Houston Astros
   - **Date(s)**
     - 04 / 19 / 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:**
     - **Official's Name (Last, First)**

3. **Recipients**
   - *Use Section A to identify the agency's department or unit. Use Section 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.
     - **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**
   - Print Name

**For Official Use Only**
   - California Form 802

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

**Supervisor's Aide**
   - Signature

**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 $ 24.00
   Event Description: Oakland A's vs. Houston Astros
   Date(s) 04 / 19 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   If yes: Vallee, Richard - Supervisor District 2
   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:

   Steele, Nick | 2 | 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 18044.1 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency, Director or Designee Michelle Dianda Supervisor’s Aide
   Print Name Title
   Supervisor’s Aide
   Signature of Agency, Director or Designee
   Supervisor’s Aide
   Date 4/15/14
   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

Board of Supervisors

Designated Agency Contact (Name, Title)
Michelle Dianda

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

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information

Did the agency have a ticket policy? Yes [X] No [ ]

Face Value of Each Ticket/Pass $ 24.00

Event Description Oakland A's vs. Seattle Mariners

Date(s) 05 / 05 / 14 05 / 06 / 14

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

If no: Oakland A's

Was ticket distribution made at the behest of agency official? No [ ] 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>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 [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>Searles Elementary School 33629 15th Street, Union City CA 94587</td>
<td>2</td>
<td>To reward a school for its contributions to the community.</td>
</tr>
<tr>
<td>Public elementary school for K-5th grade students in Union City</td>
<td>2</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

Print Name
Supervisor's Aide

Title

Date (Month, Day, Year)
4/17/14

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 [x] No [ ]
- **Event Description**
  - Oakland A's vs. Washington Nationals
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

**Face Value of Each Ticket/Pass $**
- 24.00

**Date(s)**
- 05/11/14

**Name of Source**
- If no: Oakland A's
- If yes: Valle, Richard - Supervisor District 2

**Official's Name (Last, First)**
- (Month, Day, Year)

### 3. Recipients

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

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [x] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mott, Gil</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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)

<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>

### 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**
- (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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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.diana@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 $ ____________ 24.00
Event Description Oakland A's vs. Houston Astros
Date(s) 04 / 20 / 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: __________________________________________
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
If yes: __________________________________________

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<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>Cheema, Sukhveer</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 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 &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Michelle Dianda

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

Date Stamp California Form 802
A Public Document
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 Golden State Warriors Playoff Game A
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 $ 660.00

Date(s) 04 / 24 / 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.

<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>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonzalez, Robert</td>
<td>2</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>

| Decena, Eduardo                  | 2                           | To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. |

<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.

Michelle Dianda Supervisor’s Aide
Print Name Title

Signature of Agency Head or Designee (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   E-mail
   (510) 272-6692   michelle.dianda@acgov.org

   Date Stamp
   California Form 802
   Date of Original Filing: _/__/____

2. Function or Event Information
   Does the agency have a ticket policy?   Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 660.00
   Event Description: Golden State Warriors Playoff Game B
   Date(s) 04 / 27 / 14
   Ticket(s)/Pass(es) provided by agency?   Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)   Number of Ticket(s)/Pass(es)   Identify one of the following:
   Hickey, Neal   2   Ceremonial Role ☐ Other ☒ Income ☐
   To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
   Dianda, George   2   Ceremonial Role ☐ Other ☒ Income ☐
   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
   4/29/14

   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 E-mail
(510) 272-6692 michelle.diana@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Golden State Warriors Playoff Game C
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 $ 660.00
Date(s) 05 / 01 / 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 ☐

Smith, Arlando 2
To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

Henninger, Tona 2
To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

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

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

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

Comment: Includes 1 parking pass at the value of $30.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title, E-mail)
   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 ☐
   Event Description Baseball
   Face Value of Each Ticket/Pass $ 30.00
   Date(s) 6/16/14 7/22/14
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Officer's Name (Last, First)

3. Recipients
   * Use Section 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>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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>Save 1900 Mowry Ave, Suite 244 Fremont CA 94538</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 Delegée: Lee Ann Ferguson
   Print Name: Supervisor's Assistant: Scott Haggerty, District 1
   Title: 5/1/14

Comment: A safe place for battered/abused women

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** $\text{Le0.00}$
   - **Event Description** Basketball
   - **Date(s)** 5/1/14
   - **Ticket(s)/Pass(es) provided by agency?** Yes □ No □
   - **Name of Source**
     - Alameda County Supervisor Scott Haggerty, District 1
   - **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:**
       - Some □
     - **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**
   - **Signature of Agency Head or Deputy**
   - **Print Name**
   - **Title**
   - **Date (Month, Day, Year)**

   **Comment:**

---

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Baseball
   Face Value of Each Ticket/Pass $300
   Date(s) 7-6-14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   
   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   * Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   Wanda Thompson
   
   C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   
   4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant 4-28-14
   Signature of Agency Head or Delegate Print Name Title (Month, Day, Year)
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Baseball
   Face Value of Each Ticket/Pass $ 300
   Date(s) 4/22/14
   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 Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

   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: Lee Ann Fergerson
   Print Name: Supervisor's Assistant
   Title: 4-28-14
   (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)**
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** Baseball

**Face Value of Each Ticket/Pass** $30.00

**Date(s)** 5/10/14

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

**Name of Source** Oakland Athletics

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

**If yes:** Alameda County Supervisor Scott Haggerty, District 1

**Official’s Name (Last, First)**

## 3. Recipients

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

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

B. **Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robin Michel</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</td>
</tr>
</tbody>
</table>

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 Delegate: Lee Ann Ferguson

Print Name: Supervisor's Assistant: Title: 4/22/14 (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)
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 $3000
Event Description Baseball
Provide Title/Explanation
Date(s) 5/29/14
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 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</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>Sunol Glen Community Club 101 Main St, Sunol, CA 94586</td>
<td>2</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 Fergerson
Signature of Agency Head or Delegate
Mark Name
Supervisor's Assistant
Signature
Title
Date (Month, Day, Year)

Comment: PTA fundraiser to raise funds for the next school year for programs that would have been cut.
## Agency Report of:
### Ceremonial Role Events and Ticket/Pass Distributions

**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**
Baseball

**Face Value of Each Ticket/Pass**
$30.00

**Date(s)**
4/21/14

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

**If no:**

**Name of Source**
Oakland Athletics

---

### 3. Recipients

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

#### A.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of 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**
Ramsey Ismail

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>To reward a county employee for his or her exemplary service to the public.</td>
</tr>
</tbody>
</table>

#### C.

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

**Print Name**

**Title**

**Date**
4-16-14

**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)
Lee Ann Fergerson, Supervisor's Assistant

### Area Code/Phone Number
(510) 272-6691

### E-mail
leeann.fergerson@acgov.org

---

### Function or Event Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
<td>Yes</td>
</tr>
<tr>
<td>Event Description</td>
<td>Baseball</td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
<td>30.00</td>
</tr>
<tr>
<td>Date(s)</td>
<td>4/20/14</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes</td>
</tr>
<tr>
<td>If no: Name of Source</td>
<td>Oakland Athletics</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No</td>
</tr>
</tbody>
</table>

---

### Recipients

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</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>Garth Krause</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</td>
</tr>
</tbody>
</table>

#### 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>
</table>

---

### 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 Fergerson  
Supervisor's Assistant  
Date: 4/16/14

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 Baseball
   Provide Title/Explanation
   Date(s) 4/5/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

3. Recipients
   • Use Section A to identify an 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>Board of Supervisors</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</td>
</tr>
<tr>
<td>Dist. 3</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: Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<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>
<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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18844.1 and 18842. 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
Signature: Title: 4-16-14
(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)
   Lee Ann Ferguson, Supervisor's Assistant

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

   Date Stamp
   California 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 [x]
   Face Value of Each Ticket/Pass $ 3000

   Event Description
   [Baseball]
   Provide Title/Explanation

   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Date(s)
   4-23-14

   If no:
   Name of Source
   [Oakland Athletics]
   Name of Source
   [Alameda County Supervisor Scott Haggerty, District 1]

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

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

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

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

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

   Number of Ticket(s)/Pass(es)

   **Identify one of the following:**

   Ceremonial Role [ ] Other [ ] Income [ ]

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

   **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 Delegate]
   Lee Ann Ferguson
   Supervisor’s Assistant

   Date
   4-16-14

   (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): Lee Ann Ferguson, Supervisor's Assistant
Area Code/Phone Number: (510) 272-6691
E-mail: leann.fergerson@ac.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: Baseball
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Face Value of Each Ticket/Pass $3000
Date(s): 4/16/14
Name of Source: Oakland Athletics
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 ☐
- 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 FPCC 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
4-16-14

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: leeann.fergerson@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes [X] No [ ]**
   - Face Value of Each Ticket/Pass $1,000
   - Event Description: A's baseball
   - Event Date: 8/24/14
   - Ticket(s)/Pass(es) provided by agency? **Yes [X] No [ ]**
   - Ticket(s)/Pass(es) Source: Oakland Athletics
   - Was ticket distribution made at the behest of agency official? **No [X] 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.

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

   **Section B**
   - Name of Individual
     - (Last, First)
     - Number of Ticket(s)/Pass(es)
     - Identify one of the following:
       - Ceremonial Role [ ]
       - Other [X]
       - Income [ ]
     - If checking "Ceremonial Role" or "Other" describe below:

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

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: Lee Ann Fergerson, Supervisor's Assistant
   - Print Name: Lee Ann Fergerson
   - Title: Supervisor's Assistant
   - Date of Original Filing: 4-11-14
   - Comment: Easter Seals provides exceptional services, education, outreach, and advocacy so that people living with autism and other disabilities can live, learn, work and play...
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 ☐
   Face Value of Each Ticket/Pass $ 3000
   Event Description
   Baseball
   Event(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Date(s) 5/31/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Event Title: Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   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:
      Herb Hastings 2
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking 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
   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
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number
   (510) 272-6691
   E-mail
   leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ □
   Event Description
   "A's Baseball"
   Date(s)
   5, 8, 14
   If no: OAKLAND ATHLETICS
   Name of Source
   Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      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
      To reward a school or nonprofit organization for its contributions to the community.

4. Verification
   I have read and understand FPPC Regulations 18044.1 and 18042. 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
   Supervisor's Assistant
   Signature
   Print Name
   Title
   Date
   Comment:
   A non-profit org dedicated to creating, fostering, and encouraging the performing arts @ MS HS

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description BASEBALL
   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) 7, 16, 14 6, 17, 14
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District
   Official's Name (Last, First)

3. Recipients
   Use Section A to identify the agency’s department or unit. Use Section 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
   Granada High School
   2
   PO Box 48
   Livermore, CA 94551
   2

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
   Lee Ann Fergerson
   Supervisor’s Assistant
   Name
   Title
   (Month, Day, Year)
   4-9-14

   Comment: High School Safe & Sober Grad Night

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)
Anna Gee
Area Code/Phone Number  (510) 272-6694
E-mail anna.gee@acgov.org

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description** Basketball Game
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒

- **Face Value of Each Ticket/Pass $** 250.00
- **Date(s)** 03 / 18 / '14

**Name of Source**
Golden State Warriors
**Official’s Name (Last, First)**
Miley, Nate

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

<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>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miley, Sarah</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Anna Gee  Operations Chief  04/7/14
Signature of Agency Head or Designee  First 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)
Anna Gee

Area Code/Phone Number E-mail
(510) 272-6694 anna.gee@acgov.org

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

**2. Function or Event Information**
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ ____________ 350.00

Event Description Basketball Game
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 03 / 30 / 14

If no: Golden State Warriors
Name of Source

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

**3. Recipients**

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Counsel</td>
<td>4</td>
<td>County employee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</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>Walker, Christina</td>
<td>2</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
</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 of Program

Anna Gee Operations Chief 04/7/14

(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)
   Anna Gee
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Basketball Game
   Face Value of Each Ticket/Pass $ 350.00
   Date(s) 03 / 30 / 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: Miley, Nate
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following:
   Ceremonial Role Other ☑ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   Dones, Alan 2
   To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales

   Campbell, Michael 2
   To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales

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

4. Verification
   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

   Anna Gee
   Operations Chief
   Print Name
   Title

   04/7/14 (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)
   Anna Gee
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 350.00
   Event Description Basketball Game
   Date(s) 03 / 30 / '14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miley, Nathan</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee Anna Gee Operations Chief
   Print Name Title
   Date Stamp 04/7/14
   (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)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leeanne.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐  No ☐
   Event Description: Game
   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 $ 25.00
   Date(s) 4/6/14
   If no: GSW
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerly, 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:
   Kevin Zollinger 2

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

4. Verification
   I have read and understand FPPC Regulations 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
   Lee Ann Fergerson
   Supervisor's Assistant
   Date 4/4/14

   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)
Lee Ann Fergerson, Supervisor's Assistant

Area Code/Phone Number E-mail
(510) 272-8691 leeann.fergerson@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 ☐

Event Description: A's Baseball
Provide Title/Explanation

Face Value of Each Ticket/Pass $ 3000

Date(s): 5/26/14 5/27/14

If no: Oakland Athletics
Name of Source

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

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

A. Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es)

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

B. Name of Individual

(Last, First)

Number of Ticket(s)/Pass(es)

Identify one of the following:

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

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

B. Name of Outside Organization
(include address and description)

Number of Ticket(s)/Pass(es)

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

Livermore - Granada Boosters Scholarship Awards Banquet
217 Fourth St
Livermore CA 94550

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

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

Lee Ann Fergerson Supervisor’s Assistant
Part Name Title

(Month, Day, Year)

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

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

### 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>$30.00</td>
<td>5/11/14, 5/12/14</td>
</tr>
</tbody>
</table>

**Event Description**: AS Baseball

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

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

Name of Source: Oakland Athletics

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

<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 (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>

#### 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>Dublin High School, 3151 Village Parkway, Dublin CA 94568</td>
<td>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 18044.1 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**: [Signature]

**Name**: Lee Ann Ferguson

**Print Name**: Lee Ann Ferguson

**Title**: Supervisor's Assistant

**Date**: 4-1-14

**Comment**: The athletic boosters provide essential financial support, including uniforms, supplemental equipment, tournament fees, scholarships, and much more. Serving 22 teams and over 650 student athletes at Dublin HS.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Pop the Dream 2014
   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 $102.25
   Date(s) 4/5/14
   If no: GSW
   If yes: Alameda County Supervisor Scott Haggerty, District 1

3. Recipients
   Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   CAO's OFFICE
   County Administrator
   4
   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
   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
   Supervisor's Assistant 4-2-14
   (Month, Day, Year)
   Comment: 1221 Oak St., Ste 574, Oakland, CA 94612
   FPPC Form 602 (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 E-mail  
(510) 272-6691 leeann.fergerson@acgov.org  

2. Function or Event Information  
Does the agency have a ticket policy? Yes □ No □  
Face Value of Each Ticket/Pass $  
Event Description Baseball  
Provide Title/Explanation  
Date(s) 5/14/14 5/11/14  
Ticket(s)/Pass(es) provided by agency? Yes □ No □  
Name of Source Oakland Athletics  
Was ticket distribution made at the behest of agency official? No □ Yes □  
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:  

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  

City of Fremont Giving Hope  
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  
Title  
Date 4-1-14  
(Month, Day, Year)  
Comment: Help Support families and Seniors in Need Crab Feed Fundraiser  

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description: Pop The Dream Concert
   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 $ 102.25
   Date(s) 04 / 05 / 14
   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)
      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 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
   Supervisor's Office
   Date 4/10/14

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 X
Event Description Oakland A's
Face Value of Each Ticket/Pass $ 30.00
Date(s) 31 / 14
Ticket(s)/Pass(es) provided by agency? Yes □ No X
If no: Oakland A's
Was ticket distribution made at the behest of agency official? No □ Yes X
If yes: Carson, Keith
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) Describe the public purpose made pursuant to the agency's policy

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 I do 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
Print Name Title 4/10/14

Comment:
# 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?** No
- **Face Value of Each Ticket/Pass $** 30.00
- **Event Description** Oakland A's
  Provide Title/Explanation
- **Ticket(s)/Pass(es) provided by agency?** No
- **Date(s)** 4 / 1 / 14
- **If no: Oakland A's**
  Name of Source
- **Was ticket distribution made at the behest of agency official?** 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

<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 (Indicate First)

<table>
<thead>
<tr>
<th>Name of Individual (Indicate First)</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>Wilson, Jenny</td>
<td>2</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

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

## 4. Verification
I have read and authorize 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
Print Name

4/10/14 (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 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?** No
   - **Face Value of Each Ticket/Pass** $30.00
   - **Event Description** Oakland A's
   - **Date(s)** 4/3/14
   - **Ticket(s)/Pass(es) provided by agency?** No
   - **Was ticket distribution made at the behest of agency official?** Yes
   - **If no:**
     - **If yes:**
       - **Name of Source** Carson, Keith

3. **Recipients**
   - Use Section A to identify the agency's department or unit.
   - Use Section 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

   Jenkins, Kevin
   2
   - **Ceremonial Role**
   - **Other**
   - **Income**

   2
   - **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**
   - **Supervisor's Assistant**
   - **Print Name**
   - **Title**
   - **4/10/14**

   **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 $ 30.00
   Event Description Oakland A's
   Date(s) 4 / 5 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith

3. Recipients
   * Use Section A to identify the agency’s department or unit.
   * Use Section 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 ☒
      Identify one of the following:
      Income ☐
      To reward a County employee for his or her exemplary service to the public or to encourage staff development
      2
      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.

   Signature of Agency Representative
   Amy Shrago
   Supervisor's Assistant
   4/10/14
   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 ☒  
   **Event Description** Oakland A's  
   **Face Value of Each Ticket/Pass** $85.00

   **Date(s)** 4 / 5 / 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  
   **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:**

   **Brown, Aisha**  
   **Number of Ticket(s)/Pass(es)** 4

   **Ceremonial Role** ☐  
   **Other** ☒

   **Income** ☐

   **To reward a County employee for his or her exemplary service to the public or to encourage staff development**

   **Number of Ticket(s)/Pass(es)** 4

   **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**

   **Alternatives in Action 3666 Grand Ave, Oakland, CA 94610 Youth leadership**  
   **Number of Ticket(s)/Pass(es)** 16

   **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**

   **Amy Shrago**  
   **Print Name**

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

   **FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)**
1. **Agency Name**
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $30.00
   Event Description Oakland A's
   Date(s) 4/6/14
   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: 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:**
   **To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales**

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

4. **Verification**
   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
   4/10/14

   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 [x]
   - **Event Description:** Oakland A's
   - **Face Value of Each Ticket/Pass:** $30.00
   - **Date(s):** 4/22/14
   - **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
   - **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]

3. **Recipients**
   - *Use Section 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>Brooks, Rodney</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

<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:** [Signature]
   - Amy Shrago
   - Supervisor's Assistant
   - Print Name
   - Title
   - (Month, Day, Year)

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

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)
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 $85.00

Event Description Oakland's

Date(s) 4/22/14

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

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

If no: Oakland's

If yes: Carson, Keith

Name of Source

3. Recipients
* Use Section 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>Brown, Aisha</td>
<td>5</td>
<td>Ceremonial Role [ ] Other [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>Greene, Hannah</td>
<td>5</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

<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.

Amy Shrago
Print Name
Supervisor's Assistant
Date

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

1. Agency Name
   Alameda County

   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, Supervisor's Assistant

   Area Code/Phone Number
   (510) 272-6651
   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 ☐
   Face Value of Each Ticket/Pass $ 3000
   Date(s) 7/4/14 7/5/14
   If no: ☐ Oakland Athletics
   Name of Source
   If yes: ☐ Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Women's Transportation Society of Annual Awards Scholarship 
      1500 Sutter St, Ste 900 Concord CA 94520
      To reward a school or nonprofit organization for its contributions to the community.

4. Verification
   [Signature of Agency Head or Designee]
   Lee Ann Ferguson
   Supervisor's Assistant
   7-3-14
   (Month, Day, Year)
   Comment: Honoring this year's award & scholarship recipients.

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-8681
   E-mail leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: A's Baseball
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 1700
   Date(s) 6/21/14
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ 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
   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: 4-4-14
   (Month, Day, Year)
   Comment: Foundation supports under served children 20th Annual
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 $1,700.00
   Event Description: A's Baseball
   Date(s): 01/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Name of Source: Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty,
   Official's Name (Last, First)

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

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

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

   **C.**
   Name of Outside Organization (include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   Alameda County Meals on Wheels
   P.O. Box 14002 Oakland CA 94614
   20/4
   To reward a school or nonprofit organization for its contributions to the community.

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Lee Ann Fergerson, Supervisor's Assistant
   Date (Month, Day, Year): 4-7-14
   Print Name
   Title

Comment: Provides hot meals to homebound seniors in Alameda County.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ☐
   Event Description: A's Baseball
   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: $1,700.00
   Date(s): 2/30/14
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
---|---|---
   Ceremonial Role ☐ 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
---|---|---
   Washington Healthcare Hospital Foundation
   2000 Meridy Ave
   Fremont CA 94536
   20/4
   To reward a school or nonprofit organization for its contributions to the community.

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
   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)
   Comment: Raising funds for healthcare surgical services to fund the purchase of advanced surgical instrumentation @ Washington Hospital.
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) 272-6591
   E-mail leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: A's Baseball
   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 $1,700
   Date(s) 7/19/14
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

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

   Las Positas College
   3000 Campus Drive
   Livermore, CA 94551
   20/4
   To reward a school or nonprofit organization for its contributions to the community.

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

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

   Comment: Fundraising efforts benefit the students & faculty of Las Positas College

   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 [X] No [ ]

- **Event Description:** POP The Dream

- **Face Value of Each Ticket/Pass:** $102.25

- **Date(s):** 04 / 05 / 14

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

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

- **Name of Source:** Golden State Warriors

- **Name of Official:** Valle, Richard - Supervisor District 2

### 3. Recipients

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

- **B. Name of Individual**
  - Number of Ticket(s)/Pass(es)
  - Identify one of the following:
    - Ceremonial Role [ ]
    - Other [ ]
    - Income [ ]

- **Wicklow, Eryn**
  - 4

- **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

- **Signature of Agency Head or Designee:**
  - Michelle Dianda

- **Supervisor's Aide:**
  - Title

- **Date:** 4/2/14

---

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: (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. Seattle Mariners
   Date(s) 04 / 06 / 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? Yes ☑ No ☐
   If yes: 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:
      To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

      Garchar, Randy
      2

      Olivares, Orlando
      2

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

4. Verification
   Please 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
   4/3/14

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)
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 ☐
Face Value of Each Ticket/Pass $ 24.00
Event Description: Oakland A's vs. Washington Nationals
Date(s) 05/09/14 05/10/14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Name of Source
If no: Oakland A's
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
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
(Full Name)
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
(Including address and description)
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency's policy

New Haven Schools Foundation
P.O. Box 1574, Union City, CA 94587
2 To reward a student for outstanding scholastic achievement.

Raises funds for New Haven schools for scholarships & extra-curricular activities
2

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.dianda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒  No ☐
   Face Value of Each Ticket/Pass $ __________  85.00
   Event Description  Oakland A's vs. Washington Nationals
   Date(s) 05 / 10 / 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
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

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

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

   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 18942.1 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
- 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 ☐
- Event Description: Oakland A's vs. Texas Rangers
- Face Value of Each Ticket/Pass: $1780.00
- Date(s): 08 / 17 / 14
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
- Name of Source: Valle, Richard - Supervisor District 2
- Official's Name (Last, First)

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

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

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

#### C. Name of Outside Organization
<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>20</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

### 4. Verification
- Signature of Agency Head or Designee: [Signature]
- Print Name: Michelle Dianda
- Title: Supervisor's Aide
- Date of Original Filing: 04/10/14

Comment: [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.diana@acgov.org

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

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

Face Value of Each Ticket/Pass $ 24.00

Event Description Oakland A's vs. Houston Astros
Provide Title/Explanation

Date(s) 04 / 18 / 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>
<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>Ysit, Ariel</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>

To reward a community volunteer for his service to the public

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

4. Verification
I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: