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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $350.00
Event Description Golden State Warriors Games
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 04 / 11 / 15 04 / 13 / 15
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

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

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
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.
O’Laughlin, Jim 4
Sanborn, Robert 4

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

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

Michelle Dianda Supervisor’s Aide
Print Name Title

Comment: Includes 2 parking passes at the value of $30 each.

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.diaanda@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 25.00
Event Description Oakland A's vs. Texas Rangers
Provide Title/Explanatory

Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Date(s) 04 / 07 / 15 04 / 08 / 15

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

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</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>YMCA- Eden Area 951 Palisade St. Hayward CA 94542</td>
<td>2</td>
<td>To reward a non-profit organization for its contributions to the community</td>
</tr>
<tr>
<td>Childcare and youth programs to fulfill needs for a healthy lifestyle</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Michelle Dianda
Print Name
Supervisor's Aide
Title

Comment: ____________________________

Date Stamp
California Form 802
For Official Use Only

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td></td>
</tr>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
</tr>
<tr>
<td>Michelle Dianda</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
</tr>
<tr>
<td>(510) 272-6692</td>
<td><a href="mailto:michelle.dianda@acgov.org">michelle.dianda@acgov.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Event Description</td>
<td>Oakland A’s vs. Texas Rangers</td>
</tr>
<tr>
<td>Date(s)</td>
<td>04 / 09 / 15</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>If no: Name of Source</td>
<td>Oakland Athletics</td>
</tr>
<tr>
<td>If yes: Name of Source</td>
<td>Valle, Richard- Supervisor District 2</td>
</tr>
<tr>
<td>Official’s Name (Last, First)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recipients</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Name of Agency, Department or Unit</td>
<td>Number of Ticket(s)/ Pass(es)</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Name of Individual (Last, First)</td>
<td>Number of Ticket(s)/ Pass(es)</td>
</tr>
<tr>
<td></td>
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</tr>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Name of Outside Organization (include address and description)</td>
<td>Number of Ticket(s)/ Pass(es)</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>YMCA- Eden Area 951 Palisade St. Hayward CA 94542</td>
<td>2</td>
</tr>
<tr>
<td>Childcare and youth programs to fulfill needs for a healthy lifestyle</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

©/©/©

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 of Original Filing:**

**2. Function or Event Information**

Does the agency have a ticket policy? **Yes ☑ No ☐**

**Event Description**
Oakland A's vs. Seattle Mariners

**Face Value of Each Ticket/Pass $**
25.00

**Date(s)**
04 / 10 / 15
04 / 11 / 15

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

**If no:**
Oakland Athletics

**Name of Source**

**Was ticket distribution made at the behest of agency official?**
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.

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

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

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

<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>Eden Youth &amp; Family Center 680 W. Tennyson Rd, Hayward 94544</td>
<td>2</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as underprivileged</td>
</tr>
<tr>
<td>Comprehensive services related to after-school programs, jobs, and health</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

4/2/15

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 ☐
   Face Value of Each Ticket/Pass $ 25.00
   Event Description Oakland A's vs. Seattle Mariners
   Date(s) 04 / 12 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Oakland Athletics
   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:
      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
      Eden Youth & Family Center
      680 W. Tennyson Rd, Hayward 94544   2   To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as underprivileged
      Comprehensive services related to after-school programs, jobs, and health

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

Comment:

4/2/15

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
   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 $**
   105.00
   **Event Description**
   Oakland A's vs. SF Giants
   **Date(s)**
   04/04/15
   **Ticket(s)/Pass(es) provided by agency?**
   Yes ☑ No ☐
   **Was ticket distribution made at the behest of agency official?**
   No ☐ Yes ☑
   **If no:**
   Oakland A's
   **Name of Source**
   **If yes:**
   Valle, Richard- Supervisor District 2
   **Official's Name (Last, First)**

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

   **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 ☐**
   
   **Nawabi, Assad**
   3
   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 verified that the distribution set forth above, is in accordance with the requirements.
   
   **Print Name**
   Michelle Dianda
   **Title**
   Supervisor's Aide
   **Date (Month, Day, Year)**
   4/2/15

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

---

FPPC Form 802 (4/12)
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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  E-mail
   (510) 272-6692  michelle.dianda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 25.00
   Event Description  Oakland A’s vs. SF Giants
   Date(s) 04 / 04 / 15
   Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
   If no:  Oakland A’s
   Name of Source
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ☑
   If yes:  Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

   B. Name of Individual  (Last, First)  Number of Ticket(s)/Pass(es)  Identify one of the following:
   Gutierrez, Manny  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.
   2
   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 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda  Supervisor’s Aide
   Print Name  Title

Comment:

FPPC Form 802 (4/12)
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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 E-mail
(510) 272-6692 michelle.diana@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 25.00
Event Description Oakland A's vs. Los Angeles Angels
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

Viola Blythe 37365 Ash Street, Newark CA 94560 2 To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as disabled,
Helps the poor and low income families with emergency food and services underprivileged, seniors, and youth in foster care.

4. Verification
I have read and understand FPPC Regulations 18414 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

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

Comment:

FPPC Form 802 (4/12)
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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. Los Angeles Angels
   Face Value of Each Ticket/Pass $ 25.00
   Date(s) 04 / 30 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

   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" ascribe 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
      Viola Blythe
      37365 Ash Street, Newark CA 94560
      Helps the poor and low income families with emergency food and services
      To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as disabled,
      underprivileged, seniors, and youth in foster care.

4. Verification
   I have read and understand FPPC Regulations 19344.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda Supervisor's Aide
   (Print Name Title)
   (Month, Day, Year) 4/14/15

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Oakland A's vs. Houston Astros
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $ 25.00
Date(s) 04 / 24 / 15 04 / 25 / 15
Name of Source
If no: Oakland A's
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<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>Nate, Glenn</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
</tbody>
</table>

| Nate, Glenn                         | 2                           | Ceremonial Role ☐ Other ☐ Income ☐ |
|                                     |                             | If checking "Ceremonial Role" or "Other" describe below: |
|                                     |                             | 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>
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<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
Print Name
Supervisor's Aide
Title

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.diaanda@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes** □  **No** □
   - Face Value of Each Ticket/Pass $25.00
   - **Event Description**
     - *Oakland A's vs. Chicago White Sox*
   - **Date(s)**
     - 05 / 17 / 15
   - **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 A's*
   - **Official’s Name (Last, First)**
     - *Valle, Richard- Supervisor District 2*

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

   **A. Name of Agency, Department or Unit**
      | 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 □ |
      |------------------------------|---------------------------------------------------------------|
      | Oddie, Jim                   | 2                                                              |
      | To reward a community volunteer for his service to the public. |
      | 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 18544, 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **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: (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: Warriors vs. Denver Nuggets
   - Face Value of Each Ticket/Pass $300.00
   - Date(s): 04 / 15 / 15
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   - Name of Source:
   - Name of Source: Golden State Warriors
   - If no: Golden State Warriors
   - If yes: Valle, Richard-
   - Official's Name (Last, First):
   - 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.
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency's policy**

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

   **B. Name of Individual (Last, First)**
   - Mott, Regina
   - Number of Ticket(s)/Pass(es): 4
   - 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.
   - Number of Ticket(s)/Pass(es): 4
   - 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**
   - 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Michelle Dianda ☑
   - Supervisor's Aide ☑
   - Print Name:
   - Title:
   - (Month, Day, Year): 4/13/15

   **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): 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 [ ]
- **Face Value of Each Ticket/Pass $700.00**
- **Event Description:** Warriors Playoff Round 1 Game A
- **Date(s):** 04 / 18 / 15
- **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**
- **Official's Name (Last, First): Valle, Richard- Supervisor District 2**

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

#### A. Name of Agency, Department or Unit
<table>
<thead>
<tr>
<th>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>Ceremonial Role [ ] Other [x] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woods, Brendon</td>
<td>4</td>
<td>To reward a County employee for his exemplary service to the public</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>

### 4. Verification
- I, [Michelle Dianda] have verified that the distribution set forth above, is in accordance with the requirements.

- **Print Name:** Michelle Dianda
- **Supervisor's Title:**

**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 $ 25.00
   Event Description  Oakland A's vs. Boston Red Sox
   Date(s) 05 / 11 / 15  05 / 12 / 15
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☑
   If no:  Oakland A's
   Name of Source
   If yes:  Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

   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
      Masonic Homes of California
      34400 Mission Blvd, Union City 94587
      4  To reward a non-profit organization for its contributions to the
      community.
      Provides senior services for members in
      Union City

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
   4/17/15

Comment: __________________________

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Michelle Dianda

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

Date Stamp
California Form 802

A Public Document
For Official Use Only

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 25.00

Event Description Oakland A's vs. Boston Red Sox

Provide Title/Explanation

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

Date(s) 05 / 13 / 15

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>Imhoff, Frank</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></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>
</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 18044, 1 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Dianda
Supervisor's Aide

Print Name Title

(4/17/15)

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 $25.00
   Event Description Oakland A's vs. Detroit Tigers
   Provide Title/Explanation
   Date(s) 05 / 26 / 15 05 / 27 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

   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
      (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:

      | 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

      | 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 |
      |----------------------------------------------------------------|-----------------------------|---------------------------------------------------------------|
      | Union City Police Explorers 34009 Alvarado-Niles Rd. Union City | 4                           | To reward community volunteers for their service to the public. |
      | Students interested in public safety careers, volunteering to assist UCPD |

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

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.dienda@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 25.00
Event Description Oakland A's vs. New York Yankees
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 05 / 28 / 15 05 / 29 / 15
If no: Oakland A's
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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
Deputy Sheriff Activities League 16378 E. 14th St., #100 San Leandro 4 To reward a non-profit organization for its contributions to the community.
Provide recreational and leadership activities for youth throughout county

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

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)**
Michelle Dianda

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(510) 272-6692</td>
<td><a href="mailto:michelle.dianda@acgov.org">michelle.dianda@acgov.org</a></td>
</tr>
</tbody>
</table>

**Date Stamp**

**A Public Document California Form 802**
For Official Use Only

### Amendment
☐ 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. New York Yankees
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑

<table>
<thead>
<tr>
<th>Face Value of Each Ticket/Pass $</th>
<th>25.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s)</td>
<td>05 / 30 / 15 05 / 31 / 15</td>
</tr>
</tbody>
</table>

**If no:**

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

#### B. Name of Individual (Last, First)
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>

- **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) | Identify one of the following:
|------------------------------|--------------------------------|

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

<table>
<thead>
<tr>
<th>IAFF Local 55</th>
<th>389 15th St., Oakland CA 94612</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

**Represents Alameda County firefighters and volunteers in the community**

### 4. Verification

I have read and understand FPPC Regulations 18041 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Dianda ☐ Supervisor's Aide ☐

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date (Month, Day, Year):** 4/17/15

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

1. **Agency Name**
   - Alameda County

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description**
     - Warriors Playoff Round 1 Game B
   - **Face Value of Each Ticket/Pass** $700.00
   - **Date(s)** 04 / 20 / 15

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**
     - **Name** Briscoe, Alex
     - **Number of Ticket(s)/Pass(es)** 2
     - **Identify one of the following:**
       - **Ceremonial Role** ☐
       - **Other** ☑
       - **Income** ☐
     - **If checking “Ceremonial Role” or “Other” describe below:**
       - To reward a County employee for his exemplary service to the public.

   - **Cutter, Jennifer**
     - **Number of Ticket(s)/Pass(es)** 2
     - **Ceremonial Role** ☐
     - **Other** ☑
     - **Income** ☐
     - **If checking “Ceremonial Role” or “Other” describe below:**
       - To reward a community volunteer for her service to the public.

4. **Verification**
   - "I have verified that the distribution set forth above, is in accordance with the requirements."
   - **Michelle Dianda**
   - **Supervisor’s Aide**
   - **Date** 4/17/15

**Comment:** Includes 1 parking pass at the value of $60.75
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 ☐

Event Description Oakland A’s vs. Chicago White Sox

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

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

Face Value of Each Ticket/Pass $ 90.00

Date(s) 05/16/15

If no: Oakland A’s

Name of Source

If yes: Valle, Richard- Supervisor District 2

Official’s Name (Last, First)

3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
|-------------------------------------|------------------------------|---------------------------------------------------------------|
| Norell, Karen                       | 3                            | Ceremonial Role ☐ Other ☑ Income ☐
|                                     |                              | If checking "Ceremonial Role" or "Other" describe below:      |
|                                     |                              | To reward a community volunteer for her service to the public.|
|                                     |                              | Ceremonial Role ☐ Other ☐ Income ☐
|                                     |                              | If checking "Ceremonial Role" or "Other" describe below:      |

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

I have read and understand FPPC Regulations 195(b) and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Dianda

Supervisor’s Aide

Comment:  

Signature:  

Month, Day, Year: 4/20/15

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 ☐
   - **Event Description**
     - Oakland A's vs. Minnesota Twins
   - **Face Value of Each Ticket/Pass** $90.00
   - **Date(s)** 07 / 17 / 15

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

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

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

   **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
     - Hispanic Community Affairs Council
     - P.O. Box 3151, Hayward, CA 94540
     - 18
     - To reward a non-profit organization for its contribution to the community.
     - Promotes value of education, cultural diversity and community involvement

4. **Verification**
   - I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Michelle Dianda**
   - **Supervisor's Aide**
   - **4/21/15**

**Comment:** Includes 4 parking passes at the value of $20 each

---

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
   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 $ 90.00
   Event Description Oakland A’s vs. Cleveland Indians Date(s) 07 / 31 / 15
   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? No ☐ Yes ☑ Official’s Name (Last, First)
   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.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the 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 purpose made pursuant to the agency’s policy
      Alameda County Meals on Wheels P.O. Box 14002, Oakland CA 94614 3
      To reward a non-profit organization for its contribution to the community.
      Provides meals to home-bound seniors throughout the County

4. Verification
   Michelle Dianda ☑ Supervisor's Aide ☑ Print Name 4/21/15 (Month, Day, Year)
   Comment: Includes 1 parking passes at the value of $20 each

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Oakland A's vs. Chicago White Sox
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 $ 25.00
Date(s) 05 / 15 / 15 05 / 16 / 15

3. Recipients
* Use Section 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>Banuelos, Jesus</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td>Bauchou, Mary.</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</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 and 16942, I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Dianda Supervisor's Aide
Print Name Title
4/17/15
(Month, Day, Year)

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

**1. Agency Name**
Alameda County

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

**Designated Agency Contact (Name, Title)**
Michelle Dianda

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

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

**Date Stamp**

**California Form** 802
For Official Use Only

**2. Function or Event Information**

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

**Face Value of Each Ticket/Pass**  $80.00

**Event Description**
Oakland A's vs. Colorado Rockies

**Provide Title/Explanation**

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

**Date(s)**
07/01/15

**If no:**

If yes:
Valle, Richard- Supervisor District 2

**Official's Name (Last, First)**

**Date of Original Filing**

**3. Recipients**

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

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

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

**Describe the 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" ascribe below:

**C. Name of Outside Organization (include address and description)**
St. Rose Hospital Foundation
27200 Calaroga Ave Hayward CA 94545

**Number of Ticket(s)/ Pass(es)**
18

**Describe the purpose made pursuant to the agency's policy**
To reward a non-profit organization for its contributions to the community.

**Helps fund hospital services, programs and health of patients and families**

**4. Verification**

4/27/15

Michelle Dianda

Supervisor’s Aide

Print Name

Title

Comment: Includes 4 parking passes at the value of $20 each.
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 ☐
   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 $ 80
   Date(s) 5/15/15
   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(s)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual (Elec. Pard)
      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 Hospital Healthcare Foundation
      2000 Mission Ave
      Fremont CA 94538
      18/4

4. Verification
   I have verified that the distribution set forth above is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant 4/15/15
   Comment:
   Hospital fundraiser
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Oakland Alameda County Coliseum Authority
   Designated Agency Contact (Name, Title)
   Scott Haggerty, OACCA Commissioner
   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
   "A's vs. Boston baseball"
   Face Value of Each Ticket/Pass $90.00
   Date(s) 5/17/15
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Name of Source
   If no: Oakland Athletics
   If yes: Haggerty, Scott
   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
      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 Health System 18/4
      330 Frank H. Ogawa Plaza
      Oakland, CA 94612

4. Verification
   I, Lee Ann Fergerson, have verified that the distribution set forth above, is in accordance with the requirements.
   Supervisors Assistant
   4/15/15

Comment:
Hospital Fundraiser - 25th Annual Gala
"Celebrate " 5/1/
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 $500
   Event Description
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Date(s) 7/3/15
   If no: Oakland A's
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      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
      To Reward a school or nonprofit organization for its contributions to the community.

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson   Supervisor's Assistant
   Print Name   Title
   4/13/15
   Month, Day, Year
   Comment: provides meals for homebound seniors

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $32.00
   Event Description Baseball
   Date(s) 4, 24, 15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oak Athletics
   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 the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.

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

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

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

4. Verification
   I have read and understand FPPC Regulations 8841 and 8942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson Supervisor's Assistant
   Print Name 4/23/15
   Supervisor's Title
   (Month, Day, Year)

Comment:
### 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 $** 350.00/400.00
- **Date(s)** 03 / 23 / 15 04 / 02 / 15

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

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

**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>Social Services Agency</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</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>Pete, Geoffrey</td>
<td>2</td>
<td>Transaction Role ☑ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

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

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

<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>Ma, Milton</td>
<td>2</td>
<td>Transaction Role ☑ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

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

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

#### 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>United Seniors of Oakland &amp; Alameda County-7200 Bancroft Ave, Ste 251</td>
<td>2</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.</td>
</tr>
</tbody>
</table>

Oakland 94605

### 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**

**04/03/15**

(Month, Day, Year)
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) 272-6581
E-mail leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Event Description Baseball
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No □
Was ticket distribution made at the behest of agency official? No □ Yes □
Face Value of Each Ticket/Pass $ 80
Date(s) 8/7/15 8/7/15
If no: Name of Source Oakland Athletics
If yes: Alameda County Supervisor Scott Haggerty, District 1

3. Recipients

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Name, Phone</td>
</tr>
<tr>
<td>Number of Ticket(s)/Pass(es)</td>
</tr>
<tr>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Knights of Columbus</td>
</tr>
<tr>
<td>To Box 1007 Livermore CA</td>
</tr>
<tr>
<td>18/4</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td>To Reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

4. Verification

LeAnn Fergerson Supervisor's Assistant □

Comment: ____________________________

Date Stamp California Form 802
For Official Use Only

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

2. Function or Event Information

| Does the agency have a ticket policy? | Yes ☐ No ☐ |
| Event Description | Baseball |
| Provide Title/Explanatio | |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ No ☐ |
| Date(s) | 04/29/15 |
| Face Value of Each Ticket/Pass | $32.00 |
| 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(1)/ Pass(es) | Describe the public purpose made pursuant to the agency’s policy |
|--------------------------------------|-----------------------------|------------------------------------------------|---|
|                                      |                            |                                                           |

| B. Name of Individual (Last, First) | Number of Ticket(1)/ 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(1)/ Pass(es) | Describe the public purpose made pursuant to the agency’s policy |
|------------------------------------------------------------------|-----------------------------|------------------------------------------------|---|
| Pleasanton Chamber of Commerce | 2 | | |

4. Verification

Ted that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson ☐ Supervisor’s Assistant ☐ 4-3-15 ☐

Comment: A program to introduce community leaders in Pleasanton

Chamber of Commerce ☐ the City of ☐

Pleasanton ☐

4501 Pleasanton Ave, Pleasanton, CA 94566

Attn: Nancy Kreidler, exec. asst. Alameda County Fair
**Ceremonial Role Events and Ticket/Pass Distributions**

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

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

<table>
<thead>
<tr>
<th>Date Stamp</th>
</tr>
</thead>
</table>

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☐ No ☐
   **Event Description** [Provide Title/Explanation]
   Face Value of Each Ticket/Pass $19.00
   **Date(s)** 4/4/15
   **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☐
   **If no:**
   **Name of Source**
   **If yes:** Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Clerk of the Board</td>
<td>4</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></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>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. **Verification**
   It is so ordered that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson ☐ Supervisor's Assistant ☐ ☐
   Title
   **Date** 4-3-15
   (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 $ 90

Date(s) 4/12/15

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

If no: Oakland Athletics Name of Source

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

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:

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

Camille Chabot Strong

5745 Shadow Hill Drive

Dublin, CA

2 + 1x

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

4. Verification

Lee Ann Fergerson Supervisor's Assistant 3-25-15

(Month, Day, Year)

Comment: A benefit to remember Camille "Strong" Chabot in her fight against Cancer
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description Baseball
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
Face Value of Each Ticket/Pass $32.00
Date(s) 5/17/15 7/5/15
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 ☐
If checking "Ceremonial Role" or "Other" describe below:
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

Alameda Health Systems Foundation
250 Frank Ogawa Plaza, Ste 900 Oakland, CA 94612

4. Verification
set that the distribution set forth above, is in accordance with the requirements.
Lee Ann Ferguson Supervisor's Assistant
Title (Month, Day, Year)

Comment: Hospital Runaways

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Ferguson, Supervisor's Assistant
Area Code/Phone Number
(510) 272-6681
E-mail
leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description:
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
Face Value of Each Ticket/Pass $ 105
Date(s) 10/20/15
Name of Source: Oakland Athletics
If no: □
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
Bad, Filn
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
Las Positas College, Livermore
3000 Campus Hill Drive
Livermore CA 94551
18/4
To Reward a school or nonprofit organization for its contributions to the community.

4. Verification
Lee Ann Ferguson
Supervisor's Assistant
4/15
Supervisor's Assistant
Title
(Month, Day, Year)
Comment: Unnamed to help students, staff, faculty and greater regional community that Las Positas serves
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, Supervisor's Assistant
   Area Code/Phone Number E-mail
   (510) 272-6691 leeanne.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 ☐
   Face Value of Each Ticket/Pass: $80.00
   Date(s): 4/28/15
   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) | 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
   Livermore Valley Winegrowers Foundation
   3585 Greenville Road
   Livermore, CA 94550
   18/4
   To Reward a school or nonprofit organization for its contributions to the community.

4. Verification
   Lee Ann Ferguson Supervisor's Assistant
   Date: 4/1/15
   (Month, Day, Year)

Comment: Successful fundraiser event that continues to aid local organizations that improve the lives of children in our community.
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: Fleetwood Mac
   Face Value of Each Ticket/Pass $231.80
   Date(s): 4/7/15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Alameda County Supervisor 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: District 1
      Number of Ticket(s)/Pass(es): 4
      Describe the public purpose made pursuant to the agency’s policy:
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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

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

4. Verification
   Lee Ann Fergerson Supervisor's Assistant
   Date: 4-6-15
   Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑  No ☐
   Face Value of Each Ticket/Pass $ 39.40
   Event Description  Disney on Ice
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?  Yes ☑  No ☐
   Date(s) 3/1/15
   If no:  GM
   Name of Source
   Was ticket distribution made at the behest of agency official?  No ☑  Yes ☐
   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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
      Ceremonial Role ☐  Other ☐
      Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I understand 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  4/1/15
   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) 272-6991

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

## 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>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Baseball</td>
<td>Date(s) 9/12/15</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☐</td>
<td>Name of Source: Oakland Athletics</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☐ Yes ☐</td>
<td>Name of Source: Alameda County Supervisor Scott Haggerty, District 1</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.

### 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>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
</table>

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

### 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>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
</table>

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

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

Lee Ann Fergerson, Supervisor's Assistant

Date: 9/12/15

Comment: A new camp was temporarily closed. Children can go have fun.

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 leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description **Baseball**
   Face Value of Each Ticket/Pass $500
   Date(s) 4.8.15
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Name of Source **Oakland Athletics**
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   If yes: Alameda County Supervisor Scott Haggery, 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:
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

      Jim Willard
      4

      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 hereby certify that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   Title
   4/10/15 (Month, Day, Year)

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

### 1. Agency Name
Alabama County

<table>
<thead>
<tr>
<th>Division, Department, or Region (If Applicable)</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors</td>
<td>California Form 802</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td>For Official Use Only</td>
</tr>
<tr>
<td>Lee Ann Fergerson, Supervisor’s Assistant</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
</tr>
<tr>
<td>(510) 272-6691</td>
<td><a href="mailto:leeann.fergerson@acgov.org">leeann.fergerson@acgov.org</a></td>
</tr>
</tbody>
</table>

### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Face Value of Each Ticket/Pass</th>
<th>$2.20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Baseball</td>
</tr>
<tr>
<td>Provide Title/Explanation</td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency</td>
<td>Yes</td>
</tr>
<tr>
<td>Date(s)</td>
<td>4/6/15</td>
</tr>
<tr>
<td>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>
<tr>
<td>If yes:</td>
<td>Alameda County Supervisor Scott Haggerty, District 1</td>
</tr>
</tbody>
</table>

### 3. Recipients

A. Name of Agency, Department or Unit

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

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robin Amador</td>
<td>2</td>
</tr>
<tr>
<td>Identify one of the following:</td>
<td></td>
</tr>
<tr>
<td>To promote attendance at a county sponsored event in order to maximize potential county sponsored event revenue for concession and parking sales.</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role</td>
<td>Other</td>
</tr>
<tr>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
<td></td>
</tr>
</tbody>
</table>

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

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

### 4. Verification

Lee Ann Fergerson, Supervisor’s Assistant

---

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 E-mail
   (510) 272-6691 leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Baseball
   Face Value of Each Ticket/Pass: $32.00
   Date(s): 4/16/15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If yes: Oakland Athletics
   Name of Source:
   If no: ☐
   Name of Source:
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

   Scott Haggerty 2
   To obtain oversight of facilities or events that have received county funding or support

   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:

   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
   The distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant 4/9/15
   Title
   Comment: ________________________________

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)
   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: $231.80
   Event Description: **Fleetwood Mac**
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Date(s): 4.7.15
   If no: __________________________
   Name of Source: __________________________
   If yes: __________________________
   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): 4
   Describe the public purpose made pursuant to the agency's policy
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

   **B. Name of Individual**
   (Last, First)
   Number of Ticket(s)/Pass(es): 
   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**
   That the distribution set forth above, is in accordance with the requirements
   Lee Ann Fergerson
   Supervisor's Assistant
   Title
   Date: 4.7.15
   (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  

2. **Function or Event Information**  
- **Does the agency have a ticket policy?** Yes ☑ No ☐  
- **Event Description** Baseball  
- **Face Value of Each Ticket/Pass** $32.00  
- **Date(s)** 4/11/15  
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐  
- **If no:**  
  - **Name of Source** Oakland Athletics  
- **Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐  
  - **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**  
   **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:**  
   - To promote attendance at a county sponsored event in order to maximize potential county sponsored event revenue for concession and parking sales.  
   - Ceremonial Role ☐ Other ☐ Income ☐  

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

4. **Verification**  
- That the distribution set forth above, is in accordance with the requirements.  
  
  **Lee Ann Fergerson**  
  **Supervisor’s Assistant**  
  **Title**  
  **4/11/15**  

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ ___________ $300
Event Description Basketball Game
Provide Title/Explanation
Date(s) 03/23/15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Alameda County Supervisor Wilma Chan
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>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>Holmes, Andrew</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<table>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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

Steven Jones Central District Director
Print Name Title
04.01.2015 (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)
Steven Jones
Area Code/Phone Number E-mail
(510) 272-6693 steven.jones@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 $ $350
Event Description Basketball Game
Provide Title/Explanation
Date(s) 03 / 20 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

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

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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neideffer, Marty</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>
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<th>C. Name of Outside Organization (include address and description)</th>
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4. Verification
I have read and understand FPPC Regulations sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones Central District Director
Print Name Title
04/01/2015 (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)
Steven Jones
Area Code/Phone Number (510) 272-6693
E-mail steven.jones@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $350+$30 parking
Event Description Basketball Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 03/20/15
If no: Golden State Warriors
Name of Source
If yes: Alameda County Supervisor Wilma Chan
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<table>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elliott, Laura</td>
<td>2+1park</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

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

Steven Jones Central District Director 04/01/2015
Print Name Title (Month, Day, Year)

Comment: ____________________________________________________________

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number: (510) 272-6693
   E-mail: steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass: $350 + $30 parking
   Event Description: Basketball Game
   Date(s): 03 / 18 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source: ____________________________
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First):

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Beilke, Alan
   4+1park
   Ceremonial Role ☐ Other ☐ Income ☐
   Other description:
   4+1park
   Ceremonial Role ☐ Other ☐ Income ☐
   Other description:

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

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

   Steven Jones
   Central District Director
   Print Name
   Title
   04/01/2015 (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)
Steven Jones
Area Code/Phone Number  E-mail
(510) 272-6693 steven.jones@acgov.org

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☒ No ☐
Face Value of Each Ticket/Pass $ $600
Event Description Basketball Game
Date(s) 03 / 16 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blair, Michael</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>
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<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones  Central District Director  04.01.2015
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)
Steven Jones
Area Code/Phone Number E-mail
(510) 272-6693 steven.jones@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ ___________ 600
Event Description Basketball Game
Date(s) 03 / 16 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit 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

Boskovitch, Alex 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 County revenue from sales.

2
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.

Steven Jones Central District Director 04.01.2015
Print Name Title (Month, Day, Year)

Comment: ____________________________

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

1. **Agency Name**
   - Alameda County

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

   **Designated Agency Contact (Name, Title)**
   - Steven Jones

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

   **E-mail**
   - steven.jones@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Face Value of Each Ticket/Pass $** $350+$30 parking
   - **Event Description** Basketball Game
   - **Provide Title/Explanation**
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **Date(s)**  03/14/15
   - **If no:** Golden State Warriors
   - **Name of Source**
   - **If yes:** Alameda County Supervisor Wilma Chan
   - **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 County revenue from sales.
   - **2+1park**
   - **C. Name of Outside Organization (include address and description)**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Steven Jones**
   - **Central District Director**
   - **04.01.2015**

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $125
   Event Description Charlie Wilson
   Date(s) 03/27/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

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

   Burns, Anthony 4
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

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

Steven Jones Central District Director 04.01.2015
Print Name Title (Month, Day, Year)
**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   - Alameda County

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

   **Designated Agency Contact (Name, Title)**
   - Lee Ann Ferguson, Supervisor’s Assistant

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

   **E-mail**
   - leean.fergerson@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Face Value of Each Ticket/Pass**: $700.00
   - **Event Description**: Basketball
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   - **Date(s)**: 4/18/15
   - **Was ticket distribution made at the behest of agency official?**
     - Yes ☑ 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:
     - Matt Willard ☑
     - 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.
   - **Lee Ann Ferguson**
   - Supervisor's Assistant
   - Print Name
   - Title
   - (Month, Day, Year)

Comment: County
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: Basketball
   - 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: $10000
   - Date(s): Game 1
   - If no: GSIN
   - 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**
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy

   **B. Name of Individual**
   - Connie Campbell
   - Number of Ticket(s)/Pass(es): 1
   - Describe the public purpose made pursuant to the agency's policy
   - To promote attendance at a county sponsored event in order to maximize potential county sponsored event revenue for concession and parking sales.
   - Income ☐
   - Ceremonial Role ☐
   - Other ☐

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

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Lee Ann Ferguson, Supervisor's Assistant
   - Print Name
   - Title
   - Date: 4-20-15
     - (Month, Day, Year)

Comment: [Provide any additional comments here]
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 $700.00
   Event Description
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [☑] No [☐]
   Date(s) 4/20/15
   If no: Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   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
      Scott Haggerty
      4
      To obtain oversight of facilities or events that have received county funding or support

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

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

4. Verification
   I, (Last, First) 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
   Print Name
   Title
   Date 4/20/15
   (Month, Day, Year)

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

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

2. **Function or Event Information**  
   Does the agency have a ticket policy? Yes ☑ No ☐  
   Face Value of Each Ticket/Pass $231.80  
   Event Description Fleetwood Mac Concert  
   Event Date(s) 04/07/15  
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐  
   Name of Source Golden State Warriors  
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑  
   Official's Name (Last, First) Valle, Richard - Supervisor District 2

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

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

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

**Aro-Valle, Barbara**  
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  
4/1/15

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

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

   Date Stamp

**2. Function or Event Information**
- Does the agency have a ticket policy? Yes ☑ No ☐
- Face Value of Each Ticket/Pass: $119.60
- Event Description: POP the Dream
- Provide Title/Explanation
- Date(s): 04/04/15
- Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
- Name of Source: Golden State Warriors
- If no: __________ Name of Source
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
- Official's Name (Last, First): Valle, Richard - Supervisor District 2

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

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

   **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:**

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other ☑</th>
<th>Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role</td>
<td>Other</td>
<td>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**

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

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

4. **Verification**

   I hereby certify that 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: __________ Print Name: __________ Title: __________

   Date: 4/2/15 (Month, Day, Year)

Comment: __________