# Agency Report of:

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

1. **Agency Name**
   - Alameda County

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

   **Designated Agency Contact (Name, Title):**
   - Anna Gee

   **Area Code/Phone Number**
   - (510) 272-6694

   **E-mail**
   - anna.gee@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Face Value of Each Ticket/Pass $:** 25
   - **Event Description**
     - Baseball Game

   **Provide Title/Explanation**
   - **Date(s):** 08 / 03 / 15 08 / 04 / 15

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

   **If no: **
   - **Name of Source**

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

   **If yes:**
   - **Miley, Nate**

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

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

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

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

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

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

   **United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251.**
   - **4**
   - **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.**

   **SENIOR ADVOCACY**

4. **Verification**

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

   **Anna Gee**
   - **Operations Chief**
   - **09/15**

   **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)
   Anna Gee

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $: 25
   Event Description Baseball Game
   Date(s) 08 / 05 / 15 08 / 06 / 15
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: ____________________________
   Name of Source: ____________________________
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

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

   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
   United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251.
   4
   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.

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
   Print Name Title
   (09/1/15)

   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

**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**
  - Baseball Game
- **Face Value of Each Ticket/Pass $:** 90/25
- **Date(s)**
  - 08 / 07 / 15
  - 08 / 08 / 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**
Miley, Nate

**Official’s Name (Last, First)**

---

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Services Agency</td>
<td>10</td>
<td>To reward a County employee for their exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Ceremonial Role</strong> ☐ <strong>Other</strong> ☐ <strong>Income</strong> ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Ceremonial Role</strong> ☐ <strong>Other</strong> ☐ <strong>Income</strong> ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County - 7200 Bancroft Ave, Ste 251.</td>
<td>4</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>

### Verification

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

Anna Gee

Operations Chief

09/1/15

Comment:
GSA received 2 infield and 8 box tickets to 8/8

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## Agency Name
Alameda County

### 3. Recipients

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hayward Area Recreation and Park District Foundation-1099 E St, Hayward</td>
<td>10</td>
<td>To reward a nonprofit organization for their contributions to the community</td>
</tr>
<tr>
<td>94541 SUPPORT OF OUTDOOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RECREATION PROGRAMS FOR YOUTH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 $ $32
Event Description Baseball game Date(s) 09 / 02 / 15
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakland A's
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ Name of Source
If yes: Chan, Wilma Official's Name (Last, First)

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

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

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
Wydler, Diane 2 Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...

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

4. Verification
I have read and understand 58825 of the Government Code. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones Central District Director 09.01.2015
Print Name Title (Month, Day, Year)

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

1. Agency Name
   Alameda County

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   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 ☐

   Event Description
   Baseball game

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

   If yes: Oakland A's
   Name of Source

   If no: Chan, Wilma
   Official's Name (Last, First)

   Date(s) 09 / 01 / 15

   Face Value of Each Ticket/Pass $32

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

   A. Name of Agency, Department or Unit

   Number of Ticket(s)/Pass(es)

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

   B. Name of Individual

   Number of Ticket(s)/Pass(es)

   Ceremonial Role ☐ Other ☐ Income ☐

   Identify one of the following:

   Tafoya, Molly

   2

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

   2

   Ceremonial Role ☐ Other ☐ Income ☐

   Identify one of the following:

   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

   09.01.2015
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number
   (510) 272-6694
   E-mail
   anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 105/25
   Event Description
   Baseball Game
   Date(s) 08 / 09 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: ____________________________
   Name of Source
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Jenny Lin Foundation-2381 Grove Way, Castro Valley 94546
      To reward a nonprofit organization for their contributions to the community
      YOUTH SAFETY AND MUSIC SCHOLARSHIPS

4. Verification
   I, Anna Gee, have verified that the distribution set forth above, is in accordance with the requirements.
   Operations Chief
   09/15
   First Name
   Title
   (Month, Day, Year)

Comment: kathy received 2 infield tix and 2 box tix
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $: 90/25
   Event Description Baseball Game
   Date(s): 08/19/15 08/21/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Miley, Nate

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

   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 parking and concession sales.

   C. Name of Outside Organization (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      United Seniors of Oakland & Alameda County-7200 Bancroft Ave, STE 251, Oakland 94605
      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.

4. Verification
   I have read and understood FPPC Regulations 18444.1 and 18442. I have verified that the distribution set forth above, is in accordance with the requirements.

   Anna Gee
   Operations Chief
   (Print Name) (Title) (Month, Day, Year)

   Comment: Cousin receive 2 infield tix and 18 box tix

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/278-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Yes ☐ No ☐ Does the agency have a ticket policy?
Event Description
Face Value of Each Ticket/Pass $37.45
Date(s)
01/15
01/15
Ticket(s)/Pass(es) provided by agency?
Yes ☐ No ☐
Was ticket distribution made at the behest of agency official?
No ☐ Yes ☐

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

A. Name of Agency, Department or Unit: District 1
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)
4
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

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

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

Lee Ann Fergerson
Supervisor's Assistant

Print Name
Title

(Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 ☐
   Event Description Raiders Football
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $200.00
   Date(s) 7/20/15
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   If no: CSM
   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
      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.

   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, Lee Ann Fergerson, Supervisor's Assistant, certify the information contained herein is true and correct.
   Date 7/24/15
   Signature

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $222.00
Event Description Event Name: Raiders
Provide Title/Explanatory
Date(s) 9/20/15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: GSW
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
If yes: Alameda County Supervisor Scott Haggerty, 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></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>Fred &amp; Linda Gotthardt</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

<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 verified that the distribution set forth above, is in accordance with the requirements.
Lee Ann Fergerson Supervisor's Assistant
Print Name
Title
(Month, Day, Year)

Comment:
### Agency Report of:

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

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

#### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes □ No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Baseball</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No □ Yes □</td>
</tr>
</tbody>
</table>

**Face Value of Each Ticket/Pass**: $39.00

**Date(s)**: 6/22/16

**Event Title/Explanation**: Oakland Athletics

**Name of Source**: Alameda County Supervisor Scott Haggerty, District 1

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

#### 3. Recipients

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

<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>Amoy Sar</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public.</td>
</tr>
</tbody>
</table>

- 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></td>
<td></td>
</tr>
</tbody>
</table>

**Verification**

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

Lee Ann Ferguson

Supervisor's Assistant

9/14/15

**Comment:**

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6681
   E-mail leesann.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 for 18 seats
   Date(s) 1, 2, 5, 12, 25, 27
   37 for 2 seats

3. Recipients
   • Use Section A to identify the agency's department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Supervisor Scott Haggerty
      Number of Ticket(s)/Pass(es) 18/4
      Describe the public purpose made pursuant to the agency's policy
      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 have read and entend FPPC Regulations 18311 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 (Month, Day, Year)
   Comment: 

California Form 802
For Official Use Only
**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 leeanne.fergerson@acgov.org

**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) 9/24/15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If yes: Oakland Athletics
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
If yes: Alameda County Supervisor Scott Haggerty, District 1

**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:

Katie Watkins | 2 | To promote attendance at a county sponsored event in order to maximize potential county revenue for concessions 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

**Verification**
I'd 19942, 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 9/24/15

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)
   Lee Ann Ferguson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6881
   E-mail leeann.fergerson@acgov.org

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 $ 32.00
   Date(s) 3/31
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

3. Recipients
   • Use Section A to identify the agency's department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.
   **A. Name of Agency, Department or Unit**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**
   
   **B. Name of Individual (Last, First)**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   • To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
   • 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 declare under penalty of perjury that the distribution set forth above is in accordance with the requirements.
   Lee Ann Ferguson
   Supervisor's Assistant
   9/1/15
   [Signature]

Comment: [Blank]
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. Texas Rangers
Date(s) 09/24/15
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

Hayward Demos
27287 Patrick Ave, Hayward CA 94544
2
To reward a non-profit organization for its contribution to the community.
To encourage people and volunteers to get out to vote

4. Verification
I, Michelle Archuleta, Supervisor's Aide, have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Archuleta Supervisor's Aide
(Put Name) (Put Title)

(Month, Day, Year)

Comment:

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

**1. Agency Name**
- Alameda County
- Board of Supervisors

**Designated Agency Contact (Name, Title)**
- Michelle Dianda
- Area Code/Phone Number: (510) 272-6692
- E-mail: michelle.dia-anda@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 $** 25.00
- **Event Description:** Oakland A's vs. Texas Rangers
- **Provide Title/Explanantion:**
- **Date(s):** 09 / 22 / 15 09 / 23 / 15
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no:**
  - **Name of Source:** oakland A's
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
- **If yes:**
  - **Name of Source:** valley, 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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</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>Hayward Demos 27287 Patrick Ave. Hayward CA 94544</td>
<td>2</td>
<td>To reward a non-profit organization for its contribution to the community.</td>
</tr>
</tbody>
</table>

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

**Michelle Arickuleta**
**Supervisor's Aide**

**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

   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 $ 25.00
   Event Description Oakland A's vs. Seattle Mariners
   Date(s) 09 / 04 / 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:
      To reward a community volunteer for his service to the public.

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

4. Verification
   44.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Archuleta
   Supervisor's Aide
   (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
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  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. Seattle Mariners
   Date(s) 09/05/15 09/06/15
   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 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:

      Torres, Roseann  2  Ceremonial Role ☐  Other ☑  Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a community volunteer for her service to the public.

      Riener, Eileen  2  Ceremonial Role ☐  Other ☑  Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a community volunteer for her service to the public.

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

4. Verification  I 9944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Archuleta  Supervisor's Aide
   Print Name  Title

   (Month, Day, Year)

   Comment:

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
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 $ 109.00
   Event Description: Bay Area Latino Festival
   Date(s): 09 / 12 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   If yes: Valle, Richard- Supervisor District 2
   Name of Source
   Official's Name (Last, First)

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

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

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

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Archuleta
   Print Name
   Supervisor's Aide
   Title
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [x]  No [ ]
   Face Value of Each Ticket/Pass $222.00
   Event Description Oakland Raiders Game
   Date(s) 09 / 13 / 15 11 / 15 / 15
   Ticket(s)/Pass(es) provided by agency?  Yes [ ]  No [x]
   If no: Oakland Raiders
   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
      Board of Supervisors- District 2 6
      To reward County employees for their exemplary service to the public.

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

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

4. Verification
   8944.1 and 18942: I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Archuleta  Supervisor's Aide
   Print Name  Title
   (Month, Day, Year)
   Comment: Includes 2 parking passes at the value of $35 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.dianda@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>
<th>222.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Oakland Raiders vs. Baltimore Ravens</td>
<td>Date(s)</td>
<td>09 / 20 / 15</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☑ No ☐</td>
<td>If no:</td>
<td>Oakland Raiders</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☑ Yes ☑</td>
<td>If yes:</td>
<td>Valle, Richard- Supervisor District 2</td>
</tr>
</tbody>
</table>

---

**3. Recipients**

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

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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Care Services</td>
<td>2</td>
</tr>
</tbody>
</table>

**B. Name of Individual**

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

**C. Name of Outside Organization**

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

---

**4. Verification**

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

Michelle Archuleta

Supervisor’s Aide

Print Name

Title

(Date, Month, Year)

Comment:
Includes 1 parking pass at the value of $35 each.
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 $222.00
   Event Description Oakland Raiders vs. New York Jets
   Date(s) 11/01/15
   Ticket(s)/Pass(es) provided by agency? ☑ Yes ☐ No
   If no: Oakland Raiders
   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:
      O'Laughlin, Jim 2
      To reward a community volunteer for his service to the public.
      Kaminski, Barry 2
      To reward a community volunteer for his service to the public.

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

4. Verification
   I, and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Archuleta
   Supervisor's Aide
   Print Name
   Title (Month, Day, Year)

Comment: Includes 1 parking pass at the value of $35
## 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 [x] No [x]
**Face Value of Each Ticket/Pass** $148.00
**Event Description** Ricky Martin Concert
**Date(s)** 09 / 17 / 15
**Ticket(s)/Pass(es) provided by agency?** Yes [x] No [x]
**Event Name** Golden State Warriors
**Name of Source**
**Was ticket distribution made at the behest of agency official?** No [x] Yes [x]
**Official's Name (Last, First)**

### 3. Recipients
* Use Section 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>Gonzalez, Daniel</td>
<td>4</td>
<td>Ceremonial Role [x] Other [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></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
8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Archuleta
Supervisor's Aide

Comment: 

Print Name

Title

Month, Day, Year

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. San Francisco Giants
Date(s) 09/25/15 09/26/15
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.

<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>Corbett, Ellen</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>
If checking "Ceremonial Role" or "Other" describe below:
To reward a community volunteer for her service to the public.

| Dell Dora, Delmo                    | 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>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Michelle Archuleta
Supervisor's Aide
Print Name Title
(9/20/15)

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
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. San Francisco Giants
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?  
Yes ☐  No ☑  
If no:  
Name of Source  
Oakland A's
Was ticket distribution made at the behest of agency official?  
No ☑  Yes ☐  
If yes:  
Name of Source  
Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients  
• Use Section 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>

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

To reward a community volunteer for his service to the public.

|       | 2       | Ceremonial Role ☐  Other ☐  Income ☐ |

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

4. Verification  
I, have read and understand CFCR Regulations 1854.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Archuleta  
Print Name
Supervisor's Aide  
Title

Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
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.dienda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description
   Gabriel Iglesias
   Date(s) 10/03/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source
   Golden State Warriors
   If yes: Valle, Richard- Supervisor District 2
   Name of Source (Last, First)
   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 reward a community volunteer for her service to the public.

   Garcia, Susie
   2

   Ramirez, Rudy
   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 ☑
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Archuleta
   Supervisor's Aide
   Print Name
   Title
   (Month, Day, Year)

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

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

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☑ No ☐  
Face Value of Each Ticket/Pass $ 96.80  
Event Description  
R. Kelly Concert  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑  
If no:  
Golden State Warriors  
Name of Source  
If yes:  
Valle, Richard- Supervisor District 2  
Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson, James</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

To reward a community volunteer for his service to the public.

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

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

Michelle Archuleta  
Print Name  
Supervisor’s Aide  
Title  
(Month, Day, Year)

Comment:  

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Oakland Raiders vs. Denver Broncos
   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 $222.00
   Date(s) 10 / 11 / 15
   Name of Source: Oakland Raiders
   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 public purpose made pursuant to the agency's policy

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

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

4. Verification
   9944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Michelle Archuleta
   Supervisor's Aide
   10/1/15
   (Month, Day, Year)

Comment: Includes 1 parking pass at the value of $35
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Alameda County
   - 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 $** 222 ticket/$35 parking
   - **Event Description** Football Game
   - **Provide Title/Explanation**
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **Date(s) 12 / 20 / 15**
   - **If no:** Oakland Raiders
   - **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) Summers, Jim
   - **Number of Ticket(s)/Pass(es)** 3+1park
   - **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.
   - **3+1park**
   - **Ceremonial Role** ☐ Other ☐ Income ☐
   - **If checking “Ceremonial Role” or “Other” describe below:**

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

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Signature of Agency Head or Designee**
   - **Central District Director**
   - **Print Name**
   - **Title**
   - **Date of Original Filing: (Month, Day, Year)**
   - **Date Stamp**
   - **California Form 802**
   - **For Official Use Only**
   - **FPPC Form 802 (4/12)**
   - **FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)**