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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Marc Anthony
   Face Value of Each Ticket/Pass $ 174
   Date(s) 9/27/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have read and understood FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   Title
   Date 9/13/13
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $30
   Event Description A's vs. Twins
   Date(s) 9/20/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

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

   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative □
   9/13/13
   (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)
   Alex Boskovich

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Professional Bull Riding
   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 $__________
   Date(s) 9/7/13
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan

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

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

   B. Name of Individual (last, first) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Chavez, Mayra | 4 | Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

4. Verification
   I have read and understand FPPC Regulations 18044.1 and 18042. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   9/6/13

Comment: ____________________________

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Sensation
Face Value of Each Ticket/Pass $ __________
Date(s) 9 / 14 / 13 __________
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? Yes ☒ No ☐
If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

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

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

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

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

Signature of Agency Head or Designee Alex Boskovich Senior Legislative Aide
Print Name Title 9/12/13 (Month, Day, Year)

Comment:

FPPC Form 002 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

#### 1. Agency Name

**Alameda County**

**Division, Department, or Region (if Applicable)**

Board of Supervisors

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

Alex Boskovitch

**Area Code/Phone Number**

(510) 272-6693

**E-mail**

alex.boskovitch@acgov.org

#### Date Stamp

**California Form 802**

For Official Use Only

**Date of Original Filing:** 250

(Month, Day, Year)

#### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [ ] No [x]
- **Event Description**
  - Sensation
  - **Provide Title/Explanation**
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]

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

**Date(s) 9 / 14 / 13**

**Ticket(s)/Pass(es) provided by agency?**

**If no: Golden State Warriors**

**Name of Source**

**If yes: Alameda County Supervisor Wilma Chan**

Oiciar'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>
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<tr>
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</table>

<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>Stephens, Diana</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Ceremonial Role** [ ] Other [ ] Income [ ]

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

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

**Ceremonial Role** [ ] Other [ ] Income [ ]

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

#### 4. Verification

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

**Signature of Agency Head or Designee**

Alex Boskovitch

**Senior Legislative Aide**

9/12/13

(Month, Day, Year)

**Comment:**

FPPC Form 802 (4/12)

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

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

Date Stamp California Form 802
For Official Use Only
□ Amendment (Must provide explanation in Part 3.)
Date of Original Filing: 9/24/13
(Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ __________
Event Description Professional Bull Riding
Provide Title/Explanation
Date(s) 9/6/13
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? Yes ☒ No ☐
If yes: Alameda County Supervisor Wilma Chan
Official/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>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>Chavez, Mayra</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
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<tr>
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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td>If checking “Ceremonial Role” or “Other” 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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<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Signature
Alex Boskovitch
Senior Legislative Aide
9/6/13
(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)
   Alex Boskovich

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ __________________________
   Event Description Professional Bull Riding
   Date(s) 9 / 6 / 13 __________ / __________
   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? Yes ☒ No ☐
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

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

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

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

   Signature of Agency Head or Designee: Alex Boskovich
   Print Name
   Senior Legislative Aide: __________
   Title: __________
   Date: 9/6/13

Comment: __________________________

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

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

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 222/$35 parking
   Event Description Raiders vs. Titans
   Date(s) 11 / 24 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source Oakland Raiders
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Name of Official Alameda County Supervisor Wilma Chan

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

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

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

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

4. **Verification**
   I have read and understand FPPC Regulations 10944.1 and 10942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Print Name
   Senior Legislative Aide
   Title
   Date (Month, Day, Year)

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Alex Boskovich

   Area Code/Phone Number     E-mail
   (610) 272-6693              alex.boskovich@acgov.org

   □ Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: __________/________/________

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □ No □
   Face Value of Each Ticket/Pass $ __________
   Event Description  A's vs. Angels
   Date(s)  __________/________/________
   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 Wilma Chan
          Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fontes, Marlene</td>
<td>2</td>
<td>Identify one of the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<tr>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Alex Boskovich
   Print Name
   Senior Legislative
   Date __________/________/________

   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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
</tr>
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<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>Alex Boskovich</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
</tr>
<tr>
<td>(510) 272-6693</td>
<td><a href="mailto:alex.boskovich@acgov.org">alex.boskovich@acgov.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
</tr>
<tr>
<td>Event Description</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
</tr>
<tr>
<td>Date(s)</td>
</tr>
<tr>
<td>If no:</td>
</tr>
<tr>
<td>Name of Source</td>
</tr>
<tr>
<td>If yes:</td>
</tr>
<tr>
<td>Official's Name (Last, First)</td>
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</table>

<table>
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<tr>
<th>3. Recipients</th>
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<tbody>
<tr>
<td>+ 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.</td>
</tr>
<tr>
<td>A. Name of Agency, Department or Unit</td>
</tr>
<tr>
<td>------------------------------------</td>
</tr>
<tr>
<td>B. Name of Individual</td>
</tr>
<tr>
<td>Sweetwine, Patricia</td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<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>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>C. Name of Outside Organization (include address and description)</td>
</tr>
<tr>
<td>---------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have read and understood FPPC Regulations 18734.1 and 18342. I have verified that the distribution set forth above, is in accordance with the requirements.</td>
</tr>
<tr>
<td>Signature of Agency Head or Designee</td>
</tr>
<tr>
<td>Print Name</td>
</tr>
<tr>
<td>9/6/13</td>
</tr>
<tr>
<td>FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)</td>
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org
   Date Stamp
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $30
   Event Description: A's vs. Angels
   Event Date(s): 9/15/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source: Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Official's Name: Wilma Chan

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18044.1 and 18042. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Title
   9/6/13 (Month, Day, Year)

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

1. Agency Name
   Alameda County

Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovitch

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 30
   Event Description A's vs. Angels
   Date(s) 9, 17, 13
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Name of Source Oakland Athletics
   If yes: Alameda County Supervisor Wilma Chan
   Office’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:

      Dao, Art 2
      Ceremonial Role ☐ Other ☐ Income ☐
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

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

         (Include address and description)

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18945. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee Alex Boskovitch Senior Legislative 9/6/13
   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) | Alex Boskovich |
| Area Code/Phone Number | (510) 272-6693 |
| E-mail | alex.boskovich@aogov.org |

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Event Description:** A's vs. Twins
- **Face Value of Each Ticket/Pass:** $30
- **Date(s):** 9 / 22 / 13
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **Name of Source:** Oakland Athletics
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [X]
  - **Name of Agency Supervisor:** Wilma Chan
  - **Official's Name (Last, First):** Alameda County

#### 3. Recipients

<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>Johnson, Rose</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td>2</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>
<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 have reviewed and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature:**

**Print Name:**

**Title:**

**Date:** 9/6/13

**Comment:**

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Face Value of Each Ticket/Pass $  30
   Event Description  A's vs. Astros
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   Date(s)  9 / 6 / 13
   If no: Oakland Athletics
   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  (Seq. No.)  Number of Ticket(s)/Pass(es)  Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   Carmona, Rebecca  2
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

4. Verification
   I have read and understand FPPC Regulations 18044.1 and 18042. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee
   Alex Boskovitch
   Print Name
   Senior Legislative
   Title
   9/6/13 (Month, Day, Year)

   Comment:

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

### 1. Agency Name
- Alameda County

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

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

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description**
  - A's vs. Astros
- **Face Value of Each Ticket/Pass** $30
- **Date(s)**
  - 9 / 7 / 13
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

#### Event Description
- **Provide Title/Explanation**
- **Name of Source**
  - Oakland Athletics

#### Ticket Distribution
- **If yes:**
  - **Alameda County Supervisor Wilma Chan**
    - **Official's Name (Last, First)**

### 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>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kleebauer, Susan</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking ‘Ceremonial Role’ or ‘Other’ describe below:</td>
</tr>
</tbody>
</table>

### 4. Verification
- I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
- **Signature of Agency Head or Designee**
- Alex Boskovich

- **Senior Legislative**
- **Title**

- **Date of Original Filing**

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: A's vs. Astros
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $ 30
   Date(s) 9 / 8 / 13
   Name of Source: Oakland Athletics
   Name of Source: Alameda County Supervisor Wilma Chan

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mack-Rose, Morgan</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</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 have read and understand FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Alex Boskovich
Senior Legislative
(510) 272-6693

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description A's vs. Angels
   Face Value of Each Ticket/Pass $ 85 / 20 parking
   Date(s)  9, 18, 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   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
      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
      The Unity Council, 1900 Fruitvale Ave., Ste. 2B, Oakland, CA 94601
      20
      To reward a non-profit for their contributions to low-income seniors in Oakland
      Operates the San Antonio Senior Center for low-income seniors in Oakland.

4. Verification
   I have read and understand FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Alex Boskovich
   Print Name: Senior Legislative Aide: 9/5/13

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

1. Agency Name
   Alameda County

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 85/$20 parking
   Event Description A's vs. Astros
   Date(s) 9 / 8 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Name of Source Oakland Athletics
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Official's Name (Last, First) Alameda County Supervisor Wilma Chan

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

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

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

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

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   9/6/13
   (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

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:
Orphila, Jacqueline | 4 | park |

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

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

Signature of Agency Head or Designee: Alex Boskovich
Print Name: Alex Boskovich
Title: Senior Legislative Aide
Date: 9/6/13

Comment: 

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number E-mail
   (510) 272-6683 alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☑
   Event Description A's vs. Astros
   Face Value of Each Ticket/Pass $3 85 /$20 parking
   Date(s) 9/8/13
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☑
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

      B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es)
         Ceremonial Role ☐ Other ☐ Income ☐
         If checking “Ceremonial Role” or “Other” describe below:
         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 19941 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   Title
   (Month, Day, Year) 9/6/13

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Nerissa Riray
   Area Code/Phone Number (510) 272-6984
   E-mail nerissa.riray@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: $78.00
   Date(s): 09/17/13, 09/18/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   If yes: Susan S. Muranishi
   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
      GSA
      10
to reward County employees for their exemplary service to the public or to encourage staff development

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

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

4. Verification

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

Signature of Agency Head or Designee: Nerissa Riray
Print Name: Executive Assistant: 9/12/13
(Titl (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 E-mail
(510) 272-6891 leeann.fergerson@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 Baseball
Date(s) 9/17/13
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 officials? No [ ] Yes [ ]
If yes: Alameda County Supervisor Scott Haggerty, District 1
Officer's Name (Last, First)

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

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

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

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

4. Verification
I have read and 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
Signature of Agency Head or Designee First Name
Lee (Last, First)
(9-17-13)
(Month, Day, Year)

Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Baseball
   Face Value of Each Ticket/Pass: $30
   Date(s): 9/16/13
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If yes: Oakland Athletics
   If no: 
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Officer's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name or Group: Anna Pope</th>
<th>Number of Tickets: 2</th>
<th>Description: To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</th>
</tr>
</thead>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Officer:
   Lee Ann Fergerson
   Supervisor's Assistant
   9/16/13

Comment: Unused & Returned
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 [ ] A's Baseball [ ]
   Face Value of Each Ticket/Pass $ ____________
   Date(s) 9/23/13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   Name of Source [ ] Oakland Athletics
   Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]
   Name of Agency [ ] 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 [ ]

   **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 18946. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee

   Lee Ann Fergerson

   Supervisor's Assistant

   Print Name

   Title

   (Month, Day, Year)

   Comment:

   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: 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: $74.00
   Event Description: Mark Anthony
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Date(s): 9-27-13
   If yes, Name of Source: GSW
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1

3. Recipients
   Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   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 concessions and parking sales
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Lee Ann Fergerson
   Title: Supervisor's Assistant
   Date: 9-27-13

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 leeanf.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: PINK!
   Face Value of Each Ticket/Pass $141.50
   Date(s): 10/10/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: 65W
   Name of Source
   Alameda County Supervisor Scott Haggerty, District 1
   If yes: Alamedas County Supervisor Scott Haggerty, District 1
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant
   (510) 272-6691

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) 272-6591
- **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:** $222.00
- **Event Description:** Raiders/Luxury Suite
- **Date(s):** 10/27/13
- **Ticket(s)/Pass(es) provided by agency?** Yes [□] No [□]
- **If yes:**
  - **Name of Source:** GSW
  - **Official's Name (Last, First):** Alameda County Supervisor Scott Haggerty, District 1
- **Was ticket distribution made at the behest of agency official?** No [□] Yes [□]

### 3. Recipients

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taylor Family Found</td>
<td>18</td>
<td>To reward a school or nonprofit organization For its contributions to the community</td>
</tr>
<tr>
<td><strong>5555 Arroyo Road</strong> Livermore CA 94550</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

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

- **Signature of Agency Head or Designee:** Phil Blake
- **Pet Name:**
- **Title:** Supervisor's Assistant
- **Date:** 1-10-13
- **Comment:** A camp where sick, dying or disabled children can go to enjoy.
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 leeanne.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Face Value of Each Ticket/Pass $ 40.00
Event Description BASEBALL
Provide Title/Explanation
Date(s) 9.22.13
If no: Oakland Athletics
Name of Source
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official’s Name (Last, First)

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

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

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

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

Taylor Family Foundation
5555 Arroyo Road
Livermore, CA 94550
2
To reward a school or nonprofit organization
For its contributions to the community

4. Verification
I have read and understand FPPC Regulations 18544.1 and 18542. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: A camp for terminally ill children
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
   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 $ 22.00
   Event Description Oakland A's vs. Houston Astros
   Date(s) 09 / 06 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   Ticket distribution made at the behest of agency official? No ☒ Yes ☐
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Michelle Dianda 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 [X] No [ ]
   Event Description: Oakland A's vs. Texas Rangers
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Oakland A's
   Face Value of Each Ticket/Pass $ 22.00
   Date(s) 09 / 02 / 13
   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   If yes, Valle, Richard- Supervisor District 2

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Michelle Dianda
   Supervisor's Aide
   Title
   Date: 08/30/13

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 ☐
   Event Description Professional Bull Riders Series
   Face Value of Each Ticket/Pass $ 92.45
   Date(s) 09 / 07 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☑ Income ☐
      To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      C. Name of Outside Organization
         (include address and description)
         Number of Ticket(s)/Pass(es)
         Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18041 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Michelle Dianda
   Supervisor's Aide
   Print Name
   Title
   Date (Month, Day, Year)

Comment:

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

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

Date Stamp California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 2.)
Date of Original Filing: (Monte, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 22.00
Event Description Oakland A’s vs. LA Angels
Event Title/Explanation
Date(s) 09 / 16 / 13 09 / 17 / 13
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? Yes ☒ No ☐
if yes: Valle, Richard - Supervisor District 2
Official’s Name (Last, First)

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

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

B. Name of Individual (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>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Abode Services
40849 Fremont Blvd, Fremont, CA 94538
Provides housing and services to homeless population
2 To reward a non-profit organization for its contributions to the community.

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

Signature of Agency Head or Designee Michelle Dianda Supervisor’s Aide
First Name Title

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. LA Angels

**Face Value of Each Ticket/Pass**
$22.00

**Date(s)**
09/18/13

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

- **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

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

#### B. Name of Individual

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

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abode Services 40849 Fremont Blvd, Fremont, CA 94538</td>
<td>2</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

### 4. Verification

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

**Signature:**

Michelle Dianda

**Title:**
Supervisor's Aide

**Date:**
9/4/13

**Comment:**

FPPC Form 802 (4/12)

FPPC Toll-Free Hotline: 888/ASK-FPPC (888/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description Marc Anthony Concert
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $174.00
   Date(s) 09 / 27 / 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   If yes, Name of Source
   If no, Name of Source

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

   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 [x] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a community volunteer for her contributions to the community.

   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 18949. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designate
   Michelle Dianda
   Supervisor's Aide
   (Month, Day, Year)

   Comment:

---

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

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

2. **Function or Event Information**  
   Does the agency have a ticket policy?  
   Yes □ No X  
   Event Description  
   Sensation Concert  
   Face Value of Each Ticket/Pass $  
   250.00  
   Date(s)  
   09 / 14 / 13  
   Ticket(s)/Pass(es) provided by agency?  
   Yes □ No X  
   If no: Golden State Warriors  
   Name of Source  
   If yes: Valle, Richard - Supervisor District 2  
   Official's Name (Last, First)

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

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

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

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

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

   [Signature]  
   Michelle Dianda  
   Supervisor's Aisle  
   (Month, Day, Year)

Comment: __________________________

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Michelle Dianda

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

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

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

   Event Description: Oakland Raiders vs. Jaguars Game

   Face Value of Each Ticket/Pass $ 222.00

   Date(s) 09 / 15 / 13

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

   If no: Oakland Raiders

   Name of Source

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

   If yes: Valle, Richard - Supervisor, District 2

   Official's Name (Last, First)

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

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

   B. Name of Individual    Number of Ticket(s)/Pass(es) | Identify one of the following:
   Jaramillo, Jaime 3
   Ceremonial Role [ ] Other [X] Income [ ]

   If checking "Ceremonial Role" or "Other" describe below:
   To reward a community volunteer for his service to the public.

   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 18044.1 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Michelle Dianda

   Print Name: Supervisor's Aide

   Title: (Month, Day, Year)

   Comment: Includes 1 parking pass at the value of $35

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

**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 Game
- Date(s): 10 / 06 / 13
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- If no: 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.

<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>Ellis, Lorin</td>
<td>5</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>

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

<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**

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

Michelle Dianda  Supervisor’s Aide

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.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 Game
   Date(s) 10 / 06 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Raiders
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Name of Source (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:
      To reward a community volunteer for his service to the public.

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Michelle Dianda
   Supervisor's Aide
   (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
   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 $ 222.00
   Event Description  Oakland Raiders Game
   Date(s)  06/10/13
   Ticket(s)/Pass(s) provided by agency? Yes ☐ No ☑
   If no: Oakland Raiders
   Ticket(s)/Pass(s) provided by agency? Yes ☑ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Name of Source
   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(s) | Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual | Number of Ticket(s)/Pass(s) | Identify one of the following:
   Dutra, John J. | 2 | Ceremonial Role ☐ Other ☑ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To reward a community volunteer for his service to the public.
   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(s) | 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]
   [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**
- **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 Raiders Game
- **Face Value of Each Ticket/Pass:** $222.00
- **Date(s):** 10/06/13
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **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

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

##### B. Name of Individual

| Name of Individual | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☒ Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dutra, Dominic</td>
<td>2</td>
<td>To reward a community volunteer for his 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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Verification

- **Signature of Agency Head or Designee:**
- **Print Name:**
- **Title:**
- **Date:** 9/24/13

---

*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.diaada@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Face Value of Each Ticket/Pass $ 141.50
Event Description Pink Concert
Provide Title/Explanation
Date(s) 10 / 10 / 13
Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No [X] 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
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role [ ]
Other [X]
Income [ ]
If checking "Ceremonial Role" or "Other" describe below:
To reward a community volunteer for her service to the public.
Ceremonial Role [ ]
Other [ ]
Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

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

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

Signature of Agency Head or Designee
Michelle Dianda
Print Name
Supervisor's Aide
Title
(8/24/13)

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 Dianada
- Area Code/Phone Number: (510) 272-6692
- E-mail: michelle.dianada@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. Chargers
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
- Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
- Date(s): 10 / 06 / 13
- Name of Source: If no: Oakland Raiders
- 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 public purpose made pursuant to the agency’s policy

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<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:
- Ceremonial Role ☐ Other ☑ Income ☐
- To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (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 10944.1 and 10942. I have verified that the distribution set forth above, is in accordance with the requirements.
- Signature of Agency Head or Designee: Michelle Dianada
- Supervisor’s Aide: 9/30/13
- Date: 9/30/13

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Disney on Ice
   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 $ 60
   Date(s) 10 / 19 / 13
   Name of Source Golden State Warriors
   Name of Source Alameda County Supervisor Wilma Chan

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

<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>Chan, Jennifer</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other,&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other,&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understand FPPC Regulations 18914.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee Alex Boskovich
Print Name Senior Legislative Aide
Title 9/26/13 (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)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org
   Date Stamp
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Disney on Ice
   Face Value of Each Ticket/Pass $ 60
   Date(s) 10 / 18 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Name of Source
   If no: Golden State Warriors
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

<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>
</table>
   | Aindow, Dena                        | 4                             | Ceremonial Role ☐ Other ☐ Income ☐
   |                                       |                               | To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. |
   |                                       |                               | Ceremonial Role ☐ Other ☐ Income ☐
   |                                       |                               | If checking "Ceremonial Role" or "Other" describe below:         |
   |                                       |                               |                                                                  |

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Alex Boskovich
   Print Name: Senior Legislative Aide
   Title: 9/26/13
   (Month, Day, Year)

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

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

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
  - **Event Description:** Disney on ice
  - **Face Value of Each Ticket/Pass:** $60
  - **Date(s):** 10/20/13
  - **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
  - **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]

#### 3. Recipients
**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>
<tbody>
<tr>
<td>Brown, Sienna</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</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 have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

- **Signature of Agency Head or Designee:** Alex Boskovich
- **Print Name:**
- **Title:** Senior Legislative Aide
- **Date:** 9/26/13

**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)**
   - Alex Boskovich

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☐ No ☒
   - **Face Value of Each Ticket/Pass $** 174
   - **Event Description** Marc Anthony
   - **Date(s)** 9 / 27 / 13
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒

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

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

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

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

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

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

   **Senior Legislative Aide**
   - Print Name
   - Title

   **Date**
   - 9/25/13

   **Comment**
   - 

   **FPPC Form 802 (4/12)**
   - FPPC Toll-Free Helpline: 800/ASK-PFFPC (800/275-7772)


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

1. **Agency Name**
   Alameda County

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

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

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

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

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

   **Event Description**
   A's vs. Twins

   **Face Value of Each Ticket/Pass** $30

   **Date(s)** 9 / 19 / 13

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

   **If no:**
   Oakland Athletics
   **Name of Source**
   Alameda County Supervisor Wilma Chan
   **Official's Name (Last, First)**

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

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

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

   **Rosario, Dionisio**
   2
   **Ceremonial Role ☐ Other ☐ Income ☐**
   **To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.**

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

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

   **Signature of Agency Head or Designee**
   Alex Boskovich
   **Print Name**
   Senior Legislative Aide
   **Title**
   9/17/13
   **(Month, Day, Year)**

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

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

Date Stamp

A Public Document
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 $ 222/35 parking
   Event Description Raiders vs. Jaguars
   Date(s) 9 / 15 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source Oakland Raiders
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Name of Source Alameda County Supervisor Wilma Chan

3. Recipients

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

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

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

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

4. Verification

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

   [Signature of Agency Head or Designee]

   Alex Boskovich
   Senior Legislative Aide
   Print Name
   Title
   (Month, Day, Year)

   Comment: + 1 parking pass

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

1. Agency Name
   Alameda County

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑️ No ☐
   Face Value of Each Ticket/Pass $30.00
   Event Description: Oakland A's Baseball
   Date(s) 9/1/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   If yes: Carson, Keith
   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 a County facility in order to maximize potential County revenue from parking and concession sales
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other", describe below.

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942.1. I have verified that the distribution set forth above is in accordance with the requirements.
   Amy Shrago Supervisor's Assistant
   Print Name Title
   Date Stamp California Form 802
   Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description Oakland A's Baseball
   Face Value of Each Ticket/Pass $30.00
   Date(s) 9/2/13 9/4/13
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Oakland A's
   Name of Sponsor:
   If yes: Carson, Keith
   Official's Name (Last, First)

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [x]
      Income [ ]
      To promote attendance at a County facility in order to maximize potential County revenue from parking and concession 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 understood FPCC Regulations 18944 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   [Signature]
   Amy Shrago
   Supervisor's Assistant
   (Month, Day, Year)
   9/30/13

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Oakland A's Baseball
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $30.00
Date(s): 9/3/13
If yes: Carson, Keith
If no: Oakland A's

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Rodney</td>
<td>2</td>
<td>Ceremonial Role ☐</td>
<td>Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below: To reward a County employee for his or her exemplary service to the public</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification

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

Amy Shrago
Supervisor's Assistant
9/30/13

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number (510) 272-6895
E-mail amy.shrago@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Oakland A's Baseball
Face Value of Each Ticket/Pass $30.00
Date(s) 9/6/13 9/22/13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland A's
Name of Source
If yes: Carson, Keith
Official’s Name (Last, First)

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

<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>Shrago, Amy</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary 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 have read and understand FPPC Regulations 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago  Supervisor's Assistant  9/30/13
Title (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $ 30.00
   Event Description Oakland A's Baseball
   Date(s) 9/7/13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Oakland A's
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual Number of Ticket(s)/Pass(es) Identify one of the following:
      Leung, Chris 2 Ceremonial Role [ ] Other [X] Income [ ]
      If checking "Ceremonial Role" or "Other", describe below:
      To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

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

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

   Signature of Agency Head or Designee: Amy Shrago
   Supervisor's Assistant: [ ]
   Date 9/30/13
   (Month, Day, Year)

   Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description Oakland A's Baseball
Face Value of Each Ticket/Pass $30.00
Date(s) 9/8/13
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
If no: Oakland A's
Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
If yes: Carson, Keith
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
Name of Individual
2
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

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

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

Amy Shrago  Supervisor's Assistant 9/30/13
Print Name  Title  (Month, Day, Year)

Comment:

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

1. Agency Name  
Alameda County  
Division, Department, or Region (if Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
Amy Shrago

Area Code/Phone Number  
(510) 272-6695

E-mail  
amy.shrago@acgov.org

Date Stamp  
California Form 802

For Official Use Only

Amendment  
(Must provide explanation in Part 3.)

Date of Original Filing:  
09/30/13

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

Face Value of Each Ticket/Pass $  
30.00

Event Description  
Oakland A's Baseball

Provide Title/Explanation

Date(s)  
9/18/13

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

If no:  
Oakland A's

Name of Source

If yes:  
Carson, Keith

Official's Name (Last, First)

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

<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 | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☑ Income ☐

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

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

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

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

__________________________  
Signature of Agency Head or Designee

__________________________  
Amy Shrago  
Supervisor's Assistant

Title  
9/30/13

(Month, Day, Year)

Comment:  

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
2. Function or Event Information

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Yes ☑️ No ☐</th>
<th>Face Value of Each Ticket/Pass $</th>
<th>Date(s)</th>
<th>Date of Original Filing: 09/30/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakland A's Baseball</td>
<td></td>
<td>30.00</td>
<td>9/19/13</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☑ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simpson, Sam</td>
<td>2</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

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

4. Verification

I have read and understand FPPC Regulations 18044.1 and 18042. I have verified that the distribution set forth above is in accordance with the requirements.

Amy Shrago

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 30.00
   Event Description: Oakland A's Baseball
   Date(s) 9/20/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith

3. Recipients
   Use Section 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)
      Describe the public purpose made pursuant to the agency's policy
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" items below, indicate the purpose:
      To reward a County employee for his or her exemplary service to the public.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" items below, indicate the purpose:

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

4. Verification
   I have read and understood FPPC Regulations 18044.1 and 18042. I have verified that the distribution set forth above is in accordance with the requirements.
   Amy Shrago, Supervisor's Assistant
   9/30/13 (Month, Day, Year)
   Comment: 

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

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

2. Function or Event Information  
Does the agency have a ticket policy? [ ] Yes [ ] No  
Face Value of Each Ticket/Pass $ 85.00  
Event Description Oakland A's Baseball  
Provide Title/Explanation  
Date(s) 9 / 20 / 13  
Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No [ ] Other  
If no: Oracle A's  
If yes: Carson, Keith  
Official's Name (Last, First)  
Was ticket distribution made at the behest of agency official? [ ] Yes [ ] No [ ] Other  

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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</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>Jenkins, Kevin</td>
<td>4</td>
<td>Ceremonial Role: Other: Income:</td>
</tr>
</tbody>
</table>

To reward a County employee for his or her exemplary 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>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Amy Shrago  
Supervisor's Assistant  
9/30/13  
(Year, Month, Day)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Face Value of Each Ticket/Pass $ 30.00
Event Description Oakland A's Baseball
Date(s) 9/21/13
Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
If no: Oakland A's
Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
If yes: Carson, Keith

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

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

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

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

<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>Youth Alive 3300 Elm Street, Oakland, CA 94609</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Amy Shraco
Signature of Agency Head/Designee
Date 9/30/13

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

   Date Stamp
   California Form 802
   Amendment [Must provide explanation in Part 3.]
   Date of Original Filing: 09/30/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $ 250.00
   Event Description Sensation
   Event Date(s) 9 / 14 / 13
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Golden State Warriors
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual
      Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [x] Income [ ]
      To reward a County employee for his or her exemplary service to the public
      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.
   Amy Shrago
   Supervisor's Assistant
   9/30/13
   (Month, Day, Year)

   Comment:
1. **Agency Name**
   Alameda County

   **Division, Department, or Region (if applicable)**

   **Board of Supervisors**

   **Designated Agency Contact (Name, Title)**
   Amy Shrago

   **Area Code/Phone Number** (510) 272-6695

   **E-mail** amy.shrago@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [ ] No [x]
   - **Event Description** Cal football
   - **Face Value of Each Ticket/Pass** $19
   - **Date(s)** 08/31/13
   - **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
   - **University of California - Berkeley**
   - **If yes:**
     - **Official's Name (Last, First)**

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
     - **Number of Ticket(s)/Pass(es)**
     - **Describe the public purpose made pursuant to the agency's policy**
   - **B. Name of Individual**
     - **Carson, Keith**
     - **Number of Ticket(s)/Pass(es)** 2
     - **Identify one of the following:**
       - **Ceremonial Role** [ ]
       - **Other** [x]
       - **Incapacity** [ ]
     - **If checking "Ceremonial Role" or "Other" describe below:**
       - to gather information about the operation of a facility similar to one presently or potentially operated by the County
     - **Ceremonial Role** [ ]
     - **Other** [ ]
     - **Incapacity** [ ]
     - **If checking "Ceremonial Role" or "Other" describe below:**
   - **C. Name of Outside Organization**
     - **Number of Ticket(s)/Pass(es)**
     - **Describe the public purpose made pursuant to the agency's policy**

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

   **Amy Shrago**
   **Supervisor's Assistant**
   **9/30/13**
Agency Report of:
Geronimo Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Sensation
   Face Value of Each Ticket/Pass: $250.00
   Date(s): 9/14/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Name of Source: Golden State Warriors
   If yes: Carson, Keith

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

   B. Name of Individual
   Number of Ticket(s)/Pass(es)
   Ceremonial Role ☐ Other ☑ Income ☐
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession 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
   I have read and am familiar with FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   Comment:

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

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

2. **Function or Event Information**  
Does the agency have a ticket policy? Yes ☐ No ☐  
Face Value of Each Ticket/Pass $ 250.00  
Event Description: Sensation  
Provide Title/Explanation  
Date(s) 9/14/13  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐  
If no:  
Name of Source:  
Alameda County Supervisor Scott Haggerty, District 1  
If yes:  
Official's Name (Last, First):  

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

<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>Eryn Wicklow</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</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>
</table>

4. **Verification**  
I have read and understand FPPC Regulations 18944.1 and 18942.1. I have verified that the distribution set forth above, is in accordance with the requirements.  

Signature of Agency Head or Designee:  
Lee Ann Fergerson  
Supervisor's Assistant  
(Title)  
(Month, Day, Year)  
9-13-13

Comment:  

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

#### 1. Agency Name
Alameda County

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

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

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

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

**Date Stamp**

**A Public Document**

**California Form 802**

For Official Use Only

**Date of Original Filing:**

#### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x], No [ ]
- **Face Value of Each Ticket/Pass:** $74.00
- **Event Description:**
  
  
- **Date(s):** 9/27/13
- **Ticket(s)/Pass(es) provided by agency?** Yes [x], No [ ]
- **If no:**
  
  
- **Was ticket distribution made at the behest of agency official?** No [ ], Yes [x]

#### 3. Recipients

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

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

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

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

---

**B. Name of Individual**

(Leave, Fend)

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

**Identify one of the following:**

- Ceremonial Role [ ]
- Other [x]

**Income** [ ]

**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**

---

#### 4. Verification

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

**Signature of Agency Head or Designee**

**Print Name**

**Title**

**Date:** 9/27/13

**Comment:**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866)
### 1. Agency Name

**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**: $8500
- **Event Description**: BASEBALL
  
  **Provide Title/Explanation**

- **Date(s)**: 9.20.13

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

- **If yes:** Alameda County Supervisor Scott Haggerty, District 1
  
  **Official’s Name (Last, First)**: Oakeland Athletics

### 3. Recipients

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

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

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

- **Income ☐**

- **To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales ☐**

### 4. Verification

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

**Signature of Agency Head/Designee**: Lee Ann Fergerson

**Print Name**: Supervisor’s Assistant

**Title**: 9-13-13

**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
   - Lee Ann Ferguson, Supervisor's Assistant
   - Area Code/Phone Number: (510) 272-6691
   - E-mail: leeann.fergerson@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes ☑ No ☐
   - **Event Description:** Baseball
   - **Face Value of Each Ticket/Pass:** $30
   - **Date(s):** 9,16,13
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes ☑ No ☐
   - **If no:**
     - **Name of Source:** Oakland Athletics
   - **Name of Source:** Alameda County Supervisor Scott Haggerty, District 1
   - **Official's Name (Last, First):**

3. **Recipients**

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

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

   - **Signature of Agency Head or Designee:** [Signature]
   - **Print Name:** [Print Name]
   - **Title:** [Title]
   - **Date:** 9-13-13

   **Comment:**

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 886/ASK-FPPC (886/275-7772)
### 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:** leeanne.fergerson@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☐ No ☐
   - **Event Description:** Raiders
   - **Face Value of Each Ticket/Pass:** $22.00
   - **Date(s):** 9.15.13
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☐
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☐

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

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

   **B. Name of Individual**
   - **(Last, First)**
   - **Number of Ticket(s)/Pass(es)**
   - **Identify one of the following:**
     - 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 18044.1 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Signature:** Lee Ann Fergerson
   - **Print Name:** Supervisor's Assistant
   - **Title:**
   - **Date:** 9.15.13

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

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - Lee Ann Fergerson, Supervisor’s Assistant
   - Area Code/Phone Number: (510) 272-6591
   - 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 □
   - Ticket distribution made at the behest of agency official? No □ Yes □
   - Face Value of Each Ticket/Pass: $222.00
   - Date(s): 10, 23, 13
   - 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**
   - **B. Number of Ticket(s)/Pass(es)**
   - **C. Describe the public purpose made pursuant to the agency’s policy**

   **B. Name of Individual**
   - **C. Number of Ticket(s)/Pass(es)**
   - **D. Describe the public purpose made pursuant to the agency’s policy**

4. **Verification**
   - I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature of Agency Head or Designee
   - Lee Ann Fergerson
   - Supervisor’s Assistant
   - Print Name
   - Title
   - (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [] No []
   Event Description
   Disney on Ice
   Face Value of Each Ticket/Pass $60.00
   Date(s) 10/14/13
   Ticket(s)/Pass(es) provided by agency? Yes [] No []
   If yes:
   Name of Source
   GSW
   Official's Name (Last, First)
   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 (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
   Holy Spirit School | 4 | To reward a school or nonprofit organization For its contributions to the community
   3930 Parish Avenue Fremont CA 94536

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Print Name
   Supervisor's Assistant
   Title
   (Month, Day, Year)
   Comment: Parochial School
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name:
Alameda County

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $300
Event Description: A's BASEBALL
Date(s): 9.19.13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: OAKLAND RAIDERS
Name of Source:
Alameda County Supervisor Scott Haggerty, District 1
If yes: [Official's Name (Last, First)]

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

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

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

- Ceremonial Role ☐
- Other ☐
- Income ☐

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

To promote attendance at 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 Fergerson
Supervisor's Assistant

Date (Month, Day, Year): 9-19-13

Comment: 

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

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

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

**Date Stamp**

**2. Function or Event Information**
- **Does the agency have a ticket policy?**
  - Yes [ ] No [ ]
- **Face Value of Each Ticket/Pass** $30.00
- **Event Description**
  - **As Baseball**
  - **Provide Title/Explanation**
- **Date(s)** 9/21/13
- **Ticket(s)/Pass(es) provided by agency?**
  - Yes [ ] No [ ]
- **If no:**
  - **Name of Source**
  - **Oakland Athletics**
- **If yes:**
  - **Alameda County Supervisor Scott Haggerty, District 1**

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

- **C. Signature of Agency Head or Designee**
  - **Lee Ann Fergerson**
  - **Supervisor's Assistant**

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

**Comment:**

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ 3000
   Event Description
   A's Baseball
   Date(s)
   9-20-13
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no:
   Name of Source
   Oakland Athletics
   Name of Source (Last, First)
   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 sponsored event revenue for concessions and parking sales
   | Ceremonial Role □ Other □
   | If checking "Ceremonial Role" or "Other" describe below:
   | Incentive □
   | Ceremonial Role

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

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

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann 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 Baseball
   Face Value of Each Ticket/Pass $ 300
   Date(s) 9/16/13
   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? 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>Dave Campbell</td>
<td>1</td>
<td>Income ☐ Ceremonial Role ☐ Other ☐</td>
</tr>
</tbody>
</table>

   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
   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>

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

   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name
   Title
   (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)
   Alex Boskovich

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 222
   Event Description
   Raiders vs. Eagles
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Oakland Raiders
   Date(s)
   11 / 3 / 13
   Name of Source
   No ☐ Yes ☒
   Official's Name (Last, First)
   Alameda County Supervisor Wilma Chan

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

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

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

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

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

   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   10/31/13
   (Month, Day, Year)

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐  
Face Value of Each Ticket/Pass $ 250
Event Description Warriors vs. Kings
Date(s) 11/2/13
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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grimaldi, Jane</td>
<td>4</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 her 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 have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee  
Alex Boskovich  
Print Name  
Senior Legislative Aide  
Title  
10/31/13 (Month, Day, Year)

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

### 1. Agency Name
- Alameda County

**Division, Department, or Region (If Applicable)**
- Board of Supervisors
- Designated Agency Contact (Name, Title)
- Alex Boskovich

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

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

**Date Stamp**

**Amendment** (Must provide explanation in Part 3.)

**Date of Original Filing**

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Face Value of Each Ticket/Pass $**
- **Event Description** Raiders vs. Eagles
- **Date(s)** 11/3/13
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
- **If no:** Oakland Raiders
- **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

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<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**
- **Name of Individual**
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following:**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacon, Colin</td>
<td>2</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

### 4. Verification

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

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

**Part Name**
- Senior Legislative Aide

**Title**
- 10/30/13

**Date (Month, Day, Year)**

**Comment:**

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

1. **Agency Name**
   - Alameda County

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

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

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

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

   **Date Stamp**

   **Amendment** (Must provide explanation in Part 3.)

   **Date of Original Filing:**

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Face Value of Each Ticket/Pass $** 550/$30-parking
   - **Event Description** Warriors vs. Thunder
     - **Provide Title/Explanation**
   - **Date(s)** 11 / 14 / 13
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **If no: Golden State Warriors**
     - **Name of Source**
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
     - **If yes: Alameda County Supervisor Wilma Chan**
     - **Official's Name (Last, First)**

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

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

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

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

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

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

   **Identify one of the following:**

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

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

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

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

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

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

   **Print Name**
   - Senior Legislative Aide

   **Title**
   - 10/30/13

   **Comment:**

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

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

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

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $ 700/$30-parking
   Event Description  
   Warriors vs. Lakers  
   Date(s)  
   10 / 30 / 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no:  
   Golden State Warriors
   **Name of Source**
   Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
   If yes:  
   Alameda County Supervisor Wilma Chan
   **Official's Name (Last, First)**

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

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

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

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

   Signature of Agency Head or Designee  
   Alex Boskovich  
   Print Name  
   Senior Legislative Aide  
   Title  
   10/30/13  
   (Month, Day, Year)

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Alex Boskovich

   Area Code/Phone Number
   (510) 272-6693

   E-mail
   alex.boskovich@acgov.org

   Date Stamp

   □ Amendment (Must provide explanation in Part 3.)

   Date of Original Filing:

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 222/$35 parking
   Event Description Raiders vs. Eagles
   Date(s) 11 / 3 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   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) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Murphy, England | 2/park | Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

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

   Signature of Agency Head or Designee
   Alex Boskovich

   Print Name
   Senior Legislative Aide

   Title
   10/30/13
   (Month, Day, Year)

   Comment: + 1 parking pass

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Face Value of Each Ticket/Pass $65
Event Description Spookfest 2013
Date(s) 10 / 25 / 13
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
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>
<td></td>
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</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>
<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>San Lorenzo Village Homes Association, 377 Paseo Grande San Lorenzo 94580</td>
<td>4</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>

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

Signature of Agency Head or Designee
Alex Boskovich
Senior Legislative Aide
Signature
Part Name
Title
Date (Month, Day, Year)
10/22/13

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Hotline: 888/ASK-FPPC (888/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $172.90
   Event Description Kanye West
   Date(s) 10 / 23 / 13
   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? Yes ☒ No ☐
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

   **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” describes 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**
   La Clinica de la Raza, 3050 E. 16th Street Oakland, CA 94601
   10
   To provide reward a non-profit for its contributions to low-income and immigrants living in Alameda County.
   Provides culturally competent, high accessible health care for all.

4. Verification
   I have read and understood FPPC Regulations 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   Title
   (Month, Day, Year) 10/22/13
   Comment:

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

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

Date Stamp
A Public Document
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 $ 172.90
   Event Description Kanye West
   Date(s) 10 / 23 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Alameda County Supervisor Wilma Chan

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

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

   B. Name of Individual
      Last, First
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      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
      Asian Health Services, 818 Webster Street, Oakland, CA 94607
      10
      To provide reward a non-profit for its contributions to low-income and immigrants living in Alameda County.
      Provides culturally competent health care to refugees and immigrants

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   10/22/13
   (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 100
Event Description Warriors vs. Trailblazers
Date(s) 10 / 24 / 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es)

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

B. Name of Individual

Last, First

Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

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

To reward a community volunteer for her service to the public,

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 Alex Boskovich Senior Legislative Aide

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)
   Alex Boskovitch

   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovitch@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 $172.90
   Event Description Kanye West
   Event Description (Provide Title/Explanation)
   Date(s) 10 / 23 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Name of Source (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Bay Asian Youth Center, 2025 E. 12th Street, Oakland, CA 94606</td>
<td>2</td>
<td>To provide reward a non-profit for its contributions to youth,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>including those on probation, living in Alameda County.</td>
</tr>
<tr>
<td>Provides academic, therapeutic, and neighborhood support to youth.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee: Alex Boskovitch
   Date: 10/17/13
   Title: Senior Legislative 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)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $ 85/$20 parking
   Event Description A's vs. Tigers-ALDS home game 3
   Date(s) 10/10/13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.
   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 [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      Chu, Vincent
      3+park
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

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

   Signature of Agency Head or Designee
   Alex Boskovich
   Print Name
   Senior Legislative Aide
   Title
   10/9/13 (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)
   Alex Boskovich
   Area Code/Phone Number: (510) 272-6693
   E-mail: alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? [ ] Yes [x] No
   Face Value of Each Ticket/Pass $: $141.50
   Event Description: Pink concert
   Date(s): 10/10/13
   Ticket(s)/Pass(es) provided by agency? [ ] Yes [x] 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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role: [ ] Other: [ ] Income: [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

4. Verification
   I have read and understood FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   Print Name
   Title
   Date:
   (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)
Alex Boskovich
Area Code/Phone Number (510) 272-6693
E-mail alex.boskovich@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Kanye West
Provide Ticket/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

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

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

To reward a County employee for her exemplary service to the public and encourage staff development.

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

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

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Event Description
   A's vs. Tigers-ALDS game 1
   Face Value of Each Ticket/Pass $ 85
   Date(s) 10 / 4 / 13
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeks, Nathan</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

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

Comment:

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description**: A's vs. Tigers-ALDS game
- **Face Value of Each Ticket/Pass**: $85
- **Date(s)**: 10 / 5 / 13
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
- **Name of Source**: Oakland Athletics
- **Official's Name (Last, First)**: Alameda County Supervisor Wilma Chan

### 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**: Dell, Jim
  - **Number of Ticket(s)/Pass(es)**: 3
  - **Ceremonial Role** ☐ Other ☐ Income ☐
  - **Describe the public purpose made pursuant to the agency's policy**

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

### 4. Verification
- **Signature of Agency Head or Designee**: Alex Boskovich
- **Print Name**: Senior Legislative Aide
- **Title**: 10/4/13
- **Month, Day, Year**

**Comment:**

---

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Disney on Ice
   Face Value of Each Ticket/Pass $__________
   Date(s) 10/17/13
   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? Yes ☑ No ☐
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

   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:
   ____________________________________________________________________________
   Hernandez, Anna Maria | 3 | Ceremonial Role ☐ Other ☐ Income ☐
   # checking "Ceremonial Role" or "Other" describe below:
   To reward a County employee for her exemplary service to the public and encourage staff development.
   Ceremonial Role ☐ Other ☐ Income ☐
   # 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 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   Print Name
   Title
   10/7/13
   (Month, Day, Year)

Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/727-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Warriors vs. Kings
   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 $100/$30-parking
   Date(s) 10 / 13
   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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      To reward a County employee for her exemplary service to the public and encourage staff development.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below.
      Cabrera, Stephanie 4+park

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

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

   Signature of Agency Head/Designee
   Alex Boskovich Print Name
   Senior Legislative Aide Title
   10/7/13 (Month, Day, Year)

Comment: 

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

1. Agency Name
   Alameda County

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

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 $ 60
   Event Description: Disney on Ice
   (Provide Title/Explanation)

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 10 / 16 / 13
   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.

   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

   Cohen, Amy
5

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

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

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

4. Verification

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

Signature of Agency Head or Designee
Alex Boskovich
Senior Legislative Aide
Print Name
Title
10/4/13
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
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 Warriors Game
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 $2500
Date(s) 11-2-13
If no: GSW
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:
Income □
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

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

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

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

Date Stamp
California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description Warriors Basketball
Provide Title/Explanation
Face Value of Each Ticket/Pa.: $200 $250
Date(s) 3/9/14 3/20/14
If no: GSW
Name of Source
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit

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

B. Name of Individual

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

C. Name of Outside Organization

(Include address and description)

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

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

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

Signature of Agency Head or Designee
Lee Ann Ferguson
Supervisor’s Assistant
Print Name
Title
(10/29/13)
(Month, Day, Year)

Comment: Federal Tax ID# 73-1685697 Middle School Crab Feed Auction & Fundraiser

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

1. Agency Name
Alameda County
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 [X] No [ ] Face Value of Each Ticket/Pass $ 85.00
Event Description Oakland A's ALDS
Date(s) 10 / 04 / 13
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
If no: Oakland A's
Name of Source
If yes: Valle, Richard - Supervisor District 2
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>
| Schott, Brian                      | 3                           | Ceremonial Role [ ] Other [X] Income [ ]

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

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

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

Signature of Agency Head or Designee
Michelle Dianda

Print Name
Supervisor's Aide
Title
(Month, Day, Year)

Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $85.00
Event Description Oakland A's ALDS Game 2
Date(s) 10/05/13
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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<thead>
<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>Gutierrez, Stephen</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>
|                                  |                             | If checking "Ceremonial Role" or "Other" describe below:
|                                  |                             | To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. |

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

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Signature of Agency Head or Designee: Michelle Dianda
Print Name: michelle.dianda
Title: Supervisor's Aide
Date: 10/4/13

Includes 1 parking pass at the value of $17

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.diana@acgov.org

   **Date Stamp**
   California Form 802
   For Official Use Only
   [Date Stamp]

2. **Function or Event Information**

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

   **Face Value of Each Ticket/Pass $**
   100.00

   **Event Description**
   Warriors vs. Kings - Preseason

   **Date(s)**
   10 / 07 / 13

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

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

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

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

   Ceremonial Role ☑ Other ☐ Income ☐
   
   # If checking "Ceremonial Role" or "Other" describe below.

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

   Ceremonial Role ☐ Other ☐ Income ☐
   
   # If checking "Ceremonial Role" or "Other" describe below.

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

4. **Verification**

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

   Signature of Agency Head or Designee: ____________________
   Print Name: Michelle Dianda
   Supervisor's Aide: ____________________
   Title: ____________________
   (Month, Day, Year) 10/4/13

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

1. Agency Name
   Alameda County

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

Designated Agency Contact (Name, Title)
Michelle Dianda

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

Date Stamp

☐ 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 $ 100.00
   Event Description: Warriors Preseason Game
   Date(s) 10/24/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard - Supervisor District 2
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   --|--|--
   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 Arts Council 22394 Foothill Ave. Hayward CA 94541 4 To reward a non-profit organization for its contributions to the community.
   Support art programs in Hayward

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

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

   Comment: Includes 1 parking pass at the value of $30.
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 ☐
   Face Value of Each Ticket/Pass $ 85.00
   Event Description Oakland A's ALDS Game 5
   Date(s) 10 / 10 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   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) | Identify one of the following:
   Austria, Mangee 3
   Ceremonial Role ☐ Other ☒ Income ☐
   To promote attendance at an event held at a County facility in order to maximize potential revenue from sales
   Ceremonial Role ☐ Other ☐ Income ☐

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Michelle Dianda
   Print Name: Supervisor's Aide: 10/4/13
   Title: FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - **Event Description**
     - Disney on Ice
   - **Face Value of Each Ticket/Pass** $60.00
   - **Date(s)**
     - 10/19/13
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **If no:**
     - **Name of Source**
     - **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**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   - Ceremonial Role ☐ Other ☒ Income ☐
   - If checking "Ceremonial Role" or "Other" describe below:
     - To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
   - Ceremonial Role ☐ Other ☐ Income ☐
   - If checking "Ceremonial Role" or "Other" describe below:

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

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

   **Signature of Agency Head or Designee**
   - Michelle Dianda
   **Print Name**
   **Title**
   **Supervisor's Aide**
   **Date (Month, Day, Year)**
   - 10/10/13

   **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 [X] No [ ]
- **Event Description:** Disney on Ice
  - **Provide Title/Explanation:**
- **Face Value of Each Ticket/Pass:** $60.00
- **Date(s):** 10/16/13
- **Ticket(s)/Pass(es) provided by agency?** Yes [X] No [ ]
- **If no:** Golden State Warriors
  - **Name of Source:**
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [X]
  - **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>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>

#### 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>
</table>
|                                  |                             | Ceremonial Role [X] Other [ ] | Income [ ]
  - If checking "Ceremonial Role" or "Other" describe below: |
|                                  |                             | Ceremonial Role [X] Other [ ] | Income [ ]
  - 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>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruby's Place 1180 B Street, Hayward CA 94541</td>
<td>3</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Provides shelter and supportive services to women and children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- **Signature of Agency Head or Designee:** [Signature]
- **Date:** [03/14/13]
- **Office:** Michelle Dianda
- **Title:** Supervisor's Aide
- **Position:**

**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.dianada@acgov.org

2. **Function or Event Information**
   
   **Does the agency have a ticket policy?**
   Yes ☒ No ☐
   
   **Face Value of Each Ticket/Pass $**
   60.00
   
   **Event Description**
   Disney on Ice
   
   **Date(s)**
   10 / 17 / 13
   
   **Ticket(s)/Pass(es) provided by agency?**
   Yes ☐ No ☒
   
   **If no: Golden State Warriors**
   
   **Was ticket distribution made at the behest of agency official?**
   No ☐ Yes ☒
   
   **If yes: Valle, Richard- Supervisor District 2**
   
   **Official's Name (Last, First)**

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

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

   **B. Name of Individual**
   
   **(Last, First)**
   
   **Number of Ticket(s)/Pass(es)**
   
   **Identify one of the following:**
   
   **Ceremonial Role** ☐ Other ☐
   
   **Income** ☐
   
   **If checking "Ceremonial Role" or "Other" describe below:**
   
   **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**
   
   Ruby's Place
   1180 B Street, Hayward CA 94541
   
   Provides shelter and supportive services to women and children
   
   **To reward a non-profit organization for its contributions to the community.**

4. **Verification**
   
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   
   **Signature of Agency Head or Designee**
   [Signature]
   
   **Michelle Dianda**
   
   **Print Name**
   
   **Supervisor's Aide**
   
   **Title**
   
   [Signature]
   
   **(Month, Day, Year)**
   
   [Signature]

   **Comment:**
## 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

Amendment (Must provide explanation in Part 3.)

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

## 2. Function or Event Information

Does the agency have a ticket policy? Yes [x] No [ ]

Face Value of Each Ticket/Pass $ 60.00

Event Description Disney on Ice

Provide Title/Explaination

Date(s) 10 / 18 / 13

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

If no: Golden State Warriors

Name of Source

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

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**

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<tr>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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<td></td>
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</tbody>
</table>

**B. Name of Individual**

| Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: 
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</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>
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<tr>
<td>Ruby's Place 1180 B Street, Hayward CA 94541</td>
<td>8</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Provides shelter and supportive services to women and children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 4. Verification

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

Signature of Agency Head or Designee: Michelle Dianda

First Name: Supervisor's Aide: Title: 

Date: (Month, Day, Year) 10/16/13

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

2. Function or Event Information
   \(\text{Date Stamp} \) 
   California Form 802
   \(\text{For Official Use Only} \) 
   \(\text{Amendment (Must provide explanation in Part 3.}}\)
   \(\text{Date of Original Filing:} \text{ (Month, Day, Year)} \)

   Does the agency have a ticket policy? \(\checkmark \) No \(\square \) Face Value of Each Ticket/Pass $\ 65.00
   \(\text{Event Description} \) Live 105 Spookfest Concert
   \(\text{Date(s)} \) 10 / 25 / 13
   \(\text{Ticket(s)/Pass(es) provided by agency?} \) \(\square \) Yes \(\checkmark \) No
   If no: Golden State Warriors
   \(\text{Name of Source} \) 
   If yes: Valle, Richard- Supervisor District 2
   \(\text{Official's Name (Last, First)} \) 

3. Recipients
   \(\text{Use Section A to identify the agency’s department or unit.} \)
   \(\text{Use Section B to identify an individual.} \)
   \(\text{Use Section C to identify an outside organization.} \)

   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:
      \(\checkmark \) Ceremonial Role \(\square \) Other \(\square \)
      \(\text{Income} \square \)
      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
   \(\text{Signature of Agency Head or Designee} \)
   \(\text{Michelle Dianda} \)
   \(\text{Supervisor's Aide} \)
   \(\text{Print Name} \)
   \(\text{Title} \)
   \(\text{W/21/13} \)
   \(\text{Month, Day, Year} \)
   Comment: 

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy?
     - Yes ☒ No ☐
   - Face Value of Each Ticket/Pass $ 172.90
   - Event Description
     - Kanye West Concert
   - Date(s) 10/23/13
   - Ticket(s)/Pass(es) provided by agency?
     - Yes ☐ No ☒
   - If no:
     - Name of Source
     - Golden State Warriors
   - 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.*

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

   **B. Name of Individual**
<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archuleta, Raquel</td>
<td>4</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td>Hildreth, Jaken</td>
<td>4</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

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

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature of Agency Head or Designee
   - Michelle Dianda
   - Print Name
   - Supervisor’s Aide
   - Title
   - 12/23/13

   **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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 172.90
Event Description Kanye West Concert
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Date(s) 10 / 23 / 13
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? 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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lahip, John</td>
<td>2</td>
<td>Ceremonial Role ☑ Other ☑ income ☐</td>
</tr>
<tr>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taylor, Terron</td>
<td>2</td>
<td>Ceremonial Role ☑ Other ☑ income ☐</td>
</tr>
<tr>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Michelle Dianda
Supervisor’s Aide

Signature of Agency Head or Designee [Signature]
Print Name [Print Name]
Title [Title]
(date, month, year) [07/23/13]

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes**
   - Event Description: Kanye West Concert
   - Ticket(s)/Pass(es) provided by agency? **No**
   - Was ticket distribution made at the behest of agency official? **Yes**
   - Face Value of Each Ticket/Pass: $172.90
   - Date(s): 10 / 23 / 13
   - If no: Golden State Warriors
   - If yes: Valle, Richard- Supervisor District 2

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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>Carlos, Fajardo</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td>Plancarte, Luisanna</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee: [Signature]  
Print Name: Michelle Dianda  
Title: Supervisor's Aide  
Date: 06/22/13

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.dianda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 172.90
   Event Description: Kanye West Concert
   Date(s) 10 / 23 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source: Valle, Richard- Supervisor District 2
   If yes: Name of Source (Last, First)
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<thead>
<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>Jackson, James</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Michelle Dianda
   Supervisor's Aide:
   Date: 05/22/13

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Face Value of Each Ticket/Pass $ 172.90
   Event Description Kane West Concert
   Event Description (Provide Title/Explanation)
   Date(s) 10/23/13
   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: [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 ☑
   Sims, Steven                        | 4                            | If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at an event held at a County facility in order to maximize potential revenue from sales
   ____________________________________ | ____________________________ | Ceremonial Role ☑ Other □ Income ☑
   ____________________________________ | ____________________________ | If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   ____________________________________________________________
   Signature of Agency Head or Designee
   Michelle Dianda
   Supervisor’s Aide
   [Title]
   [Month, Day, Year]

Comment: ________________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 250.00
   Event Description Warriors vs. Kings
   Date(s) 11 / 02 / 13
   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? Yes ☑ No ☐
   If yes: Valle, Richard - Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      - Ceremonial Role ☐ Other ☐ Income ☐
      - 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
      Alameda County Democratic Central Committee
      P.O. Box 3937, Hayward, CA 94540
      To reward a non-profit organization for its contributions to the community

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Michelle Dianda
   Print Name
   Supervisor's Aide
   Title
   Date of Original Filing: (Month, Day, Year)
   Amendment (Must provide explanation in Part 3.) ☐
   Date Stamp

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☑
   Face Value of Each Ticket/Pass $ 200.00
   Event Description
   Warriors vs. Pistons
   Date(s) 11 / 12 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☑
   Name of Source
   If no: Golden State Warriors
   If yes: Valle, Richard- Supervisor District 2
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☑

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:
      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
      League of Volunteers
      8440 Central Ave. Ste AB, Newark CA
      Serves children, families and seniors in Fremont, Newark & Union City
      4
      To reward a non-profit organization for its contributions to the community.

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

   Michelle Dianda
   Print Name
   Supervisor's Aide
   Title
   (Month, Day, Year)
   Comment: Includes 1 parking pass at the value of $20

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Michelle Dianada
   E-mail: michelle.dianada@acgov.org
   Phone: (510) 272-6692

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description: Warriors vs. Mavericks
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   Face Value of Each Ticket/Pass $300.00
   Date(s): 12/11/13
   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]

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

   A. Name of Agency, Department or Unit | 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
   Newark Rotary Club P.O. Box 105, Newark CA 94560 4 To reward a non-profit organization for its contributions to the community.
   Provides support to local non-profits and humanitarian efforts

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: __________________________
   Print Name: Michelle Dianada
   Supervisor's Aide: __________________________
   Title: __________________________
   Date: 12/23/13

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

FPPC Form 802 (1/12)
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.dianca@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 700.00
Event Description Warriors vs. Lakers Date(s) 10/30/13
Provided Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Golden State Warriors
If no: Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ Valle, Richard - Supervisor District 2
If yes: Official's Name (Last, First)

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

A. Name of Agency, Department or Unit
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</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)
<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunckel, Jon</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization (Include address and description)
<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Passes</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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</table>

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

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

Comment: [Comment]

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Michelle Dianda
   Area Code/Phone Number (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 $ 300.00
   Event Description Warriors vs. Celtics
   Date(s) 01 / 10 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Passes
      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)/Passes
      Describe the public purpose made pursuant to the agency's policy
      New Haven Schools Foundation
      33377 Western Ave, Union City 94587
      4 To reward a non-profit organization for its contributions to the community.

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee Michelle Dianda
   Supervisor's Aide
   Date (Month, Day, Year) 10/28/13
   Comment: Includes 1 parking pass at the value of $20

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

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

2. Function or Event Information
   Does the agency have a ticket policy?    Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 200.00
   Event Description    Warriors vs. Trailblazers
   Date(s) 11  /  23  /  13
   Ticket(s)/Pass(es) provided by agency?    Yes ☐ No ☒ Golden State Warriors
   If no:    Name of Source
   Was ticket distribution made at the behest of agency official?    Yes ☒ No ☐ Vallee, Richard - Supervisor District 2
   If yes: Official's Name (Last, First)

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942.1. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee    Michelle Dianda
   Print Name    Supervisor's Aide
   Title
   (Month, Day, Year)

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Face Value of Each Ticket/Pass: $250.00
Event Description: Warriors vs. Pacers
Date(s): 01 / 20 / 14
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
If no: Golden State Warriors
Name of Source:
Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
If yes: Valle, Richard; Supervisor District 2
Official's Name (Last, First):

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

Name of Individual
(Last, First)
McDonald, Eileen
Number of Ticket(s)/Pass(es): 4
Identify one of the following:
Ceremonial Role [ ] Other [X] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
Ceremonial Role [ ] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

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

Comment: Includes 1 parking pass at the value of $20.
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]
   - Event Description: Warriors basketball
   - Face Value of Each Ticket/Pass: $1,000
   - Date(s): 12 / 21 / 13
   - Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   - If no: GSW
   - Name of Source:
   - If yes: Alameda County Supervisor Haggerty D-1
   - Official's Name (Last, First)

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

<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>Ceremonial Role [x] Other [ ] Income [ ]</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</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>Dublin Partners in Education (DPIE) P.O. Box 2307 Dublin CA 94568</td>
<td>20/4</td>
<td>To reward a school or nonprofit organization For its contributions to the community</td>
</tr>
</tbody>
</table>

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

Comment: All proceeds support DPIE's Educational Programs serving all students in the Dublin Unified School Dist.

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No □
   Event Description: Warriors Skybox vs. Grizzlies
   Ticket(s)/Pass(es) provided by agency? Yes X No □
   Face Value of Each Ticket/Pass $ 400
   Date(s): 3 / 28 / 14
   If no: GSW
   Name of Source:
   If yes: A.C. Supervisor Haggerty, Dist. 1
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Tickets/Passes</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 Tickets/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Recipient (Last, First)</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington Hospital Healthcare Foundation</td>
<td>20/4</td>
<td>To reward a school or nonprofit organization For its contributions to the community</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Lee Ann Fergerson
   Supervisor's Assistant: Title: Supervisor's Assistant
   Date: 10/18/13
   Comment: Hospital in Fremont

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)
   Lee Ann Ferguson, 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 ☐
   Event Description  A's BASEBALL
   Face Value of Each Ticket/Pass $ 85.00
   Date(s) 10-4-13
   Ticket(s)/Pass(es) provided by agency?  Yes ☑  No ☐
   If no, Name of Source
   Alameda County Supervisor Scott Haggerty, District 1
   Was ticket distribution made at the behest of agency official?  No ☐  Yes ☑
   If yes:
   Official's Name (Last, First)

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

   B. Name of Individual  Number of Ticket(s)/Pass(es)  Identify one of the following:
   (Last, First)
   Craig Smith 2 To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
   Ceremonial Role ☐  Other ☐
   Income ☐
   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
   (include address and description)

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

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

   Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description "A's Baseball"
   Face Value of Each Ticket/Pass $ 85.00
   Date(s) 10/5/13
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Income [ ]
      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:
      Wanda Thompson 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 10944.1 and 10942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Assistant or Designee Lee Ann Fergerson Supervisor's Assistant 10/2/13
   Print Name Title (Month, Day, Year)

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

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

   Area Code/Phone Number   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 $100
   Event Description
   Warriors Pre-season game
   Date(s) 10 / 07 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, D1
   Official's Name (Last, First)

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

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

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

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

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

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

   Print Name   Title

   (Month, Day, Year)

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 868/ASK-FPPC (868/275-7772)
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 ☐
   Face Value of Each Ticket/Pass $ 60.00
   Event Description Disney on Ice
   Date(s) 10 / 17 / 13
   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 Scott Haggerty, D1
   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>
   
   | Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
   |-----------------------------------|-----------------------------|-----------------------------------------------|
   | Scott Haggerty                    | 4                           | Ceremonial Role ☐ Other ☒ Income ☐  
   |                                   |                             | To obtain oversight of facilities or events that have received County funding or support  
   |                                   |                             | Ceremonial Role ☐ Other ☐ Income ☐  
   |                                   |                             | If checking “Ceremonial Role” or “Other” describe below:  
   |                                   |                             | Description:  
   
<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Lee Ann Fergerson
   Print Name: Supervisor's Assistant
   Date: 10/17/13
   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)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leaann.fergerson@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 30.00
   Event Description A's Baseball
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Date(s) 8 / 30 / 13
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, D1
   Officer's Name (Last, First)

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

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

   | Name of Individual               | Number of Ticket(s)/Pass(es) | Identify one of the following:
   |----------------------------------|-----------------------------|---------------------------------------------------------------|
   | Nabeela Amiri                    | 2                           | Ceremonial Role ☐ Other ☒ Income ☐
   |                                  |                             | To promote attendance at a county sponsored event to maximize potential county revenue for concession and parking sales. |
   |                                  | 2                           | Ceremonial Role ☐ Other ☐ Income ☐
   |                                  |                             | If checking "Ceremonial Role" or "Other" describe below: |

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name
   Title
   10/07/13 (Month, Day, Year)

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 leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 222.00
   Event Description Raiders Football
   Date(s) 11/24/13
   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, D1
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☑ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      to reward a County employee for his exemplary service to the public or to encourage staff development.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Lee Ann Fergerson Supervisor's Assistant 10/07/13
   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)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number: (510) 272-8691
   E-mail: leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Disney on Ice
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass: $100.00
   Date(s): 10/20/13
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   Name of Source: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First):

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

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

   B. Name of Individual (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
   Please read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency, Team or Designee: __________________________
   Print Name: Lee Ann Fergerson
   Supervisor's Assistant
   Title: 10-1-13
   (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) 272-6991**
- **E-mail**
  - **leeann.fergerson@acgov.org**

### 2. Function or Event Information

- **Does the agency have a ticket policy?**
  - Yes [ ]
  - No [ ]
- **Event Description**
  - **Disney on Ice**
- **Ticket(s)/Pass(es) provided by agency?**
  - Yes [ ]
  - No [ ]
- **Face Value of Each Ticket/Pass**
  - **$60.00**
- **Date(s)**
  - **10/19/13**
- **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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arselia Corona</strong></td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

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

### 4. Verification

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

  - **Signature of Agency Head or Designee**
  - **Lee Ann Fergerson**
  - **Print Name**
  - **Supervisor's Assistant**
  - **Title**
  - **Date**
  - **10/1/13**

**Comment:**

---

FPPC Form 802 (4/12)

FPPC Toll-Free Hotline: 888/ASK-FPPC (888/275-7772)
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.ferguson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: A's Baseball
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $30.00
   Date(s) 9/1/13
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, D1
   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>Eric Bakhtianii</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a county sponsored event to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee: ____________________________
   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name
   Title
   Date 10/07/13 (Month, Day, Year)
   Comment: ______________________________________________________

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor’s Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leeanann.fergerson@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 $ __________ 30.00
   Event Description A’s Baseball
   Date(s) 9 / 3 / 13 __________ / __________
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Name of Source If no: Oakland Athletics
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, D1
   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 ☐
   To promote attendance at a county sponsored event to maximize potential county revenue for concession and parking sales.
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   C. Name of Outside Organization
   (Include address and description)
   Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee [Signature]
   Lee Ann Fergerson Print Name
   Supervisor’s Assistant Title
   10/07/13 (Month, Day, Year)

Comment: [Comment]

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ 30.00
   Event Description A's Baseball
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Date(s) 9 / 4 / 13
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, D1
   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>Bryan Smith</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a county sponsored event to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Supervisor's Assistant
   Title
   Date Stamp 10/07/13
   California Form 802

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 30.00
   Event Description A's Baseball
   Date(s) 8 / 31 / 13
   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, D1
   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 ☐
   Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at a county sponsored event 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 understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Lee Ann Ferguson
   Signature of Supervisor's Assistant
   Supervisor's Assistant
   Title
   Date (Month, Day, Year) 10/07/13

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ 30.00
   Event Description A's Baseball
   Date(s) 8/31/13
   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, D1
   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
      Randy Acosta | 2 | To promote attendance at a county sponsored event to maximize potential county revenue for concession and parking sales.

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

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

   Signature of Agency Head or Designee: [Signature]
   Print Name: Lee Ann Fergerson
   Supervisor's Assistant:
   Title: [Title]
   Date: 10/07/13
   (Month, Day, Year)

   Comment: [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**

## 2. Function or Event Information
- **Event Description:** Disney on Ice
- **Face Value of Each Ticket/Pass:** $60
- **Date(s):** 10/20/13
- **Name of Source:** Alameda County Supervisor Scott Haggerty, District 1
  - **Official's Name (Last, First):**

## 3. Recipients

<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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(if checking 'Ceremonial Role' or 'Other') describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</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>Tri-City Elders Coalition P.O. Box 5006 Fremont CA 94537-5006</td>
<td></td>
<td>To reward a school or nonprofit organization For its contributions to the community</td>
</tr>
</tbody>
</table>

## 4. Verification
- **Signature of Agency Head or Designee:**
- **Print Name:** Lee Ann Fergerson
- **Title:** Supervisor's Assistant
  - **Date:** 10-3-13

**Comment:** To provide programs, services, and opportunities for seniors living in Fremont, Newark & Union City, CA.
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 Warriors preseason game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Date(s) 10 / 07 / 13
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $100.00
   If yes: SUPERVISOR SCOTT HAGGERTY, D1
   Official's Name (Last, First)
   If no: GSW
   Name of Source

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

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

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

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

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

   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Print Name
   Supervisor's Assistant
   Title
   Date 10/16/13
   (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:** leean.fergerson@acgov.org

## 2. Function or Event Information

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

**Face Value of Each Ticket/Pass $** 65.00

**Event Description:** Speakfest Concert

**Date(s):** 10/25/13

**If no:** (GSW)

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

**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):**

### B. Name of Individual

- **Name of Individual:** AARON ROBLES

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

**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

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

**Signature of Agency Head or Designee:**

Lee Ann Fergerson, Supervisor's Assistant

**Title:**

10/23/13

**Print Name:**

Lee Ann Fergerson

**Date:**

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 ☐ No ☐
Event Description KANYE WEST
Face Value of Each Ticket/Pass $ 172.90
Date(s) 10 / 23 / 13
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If no: GSW
Name of Source
If yes: SUPERVISOR HAGGERTY, DIST. 1
Name of Source (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>Number 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.

<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>JESSICA CHRISTIAN</td>
<td></td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</td>
</tr>
<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>

C.

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

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

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 1,900
   Event Description Warriors Skybox vs. Grizzlies
   Date(s) 3 / 28 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: GSW
   Name of Source
   If yes: A.C. Supervisor Haggerty, Dist. 1
   Gillies's Name (Last, First)

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

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

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

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<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>Washington Hospital Healthcare Foundation</td>
<td>20/4</td>
<td>To reward a school or nonprofit organization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For its contributions to the community</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Delegate: Lee Ann Fergerson
   Signature: [Signature]
   Supervisor's Assistant: Supervisor's Assistant
   Date: 10/10/13

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

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

2. **Function or Event Information**  
   Does the agency have a ticket policy? **Yes**  
   Event Description: **Warriors Basketball**  
   Face Value of Each Ticket/Pass: $1000  
   Date(s): 11/12/13  
   Ticket(s)/Pass(es) provided by agency? **Yes**  
   If no: **GSW**  
   Name of Source: Alameda County Supervisor Scott Haggerty, District 1  
   Was ticket distribution made at the behest of agency official? **Yes**  
   If yes: **Official's Name (Last, First)**

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

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

   **B.**  
   | Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role **☐** Other **☐** Income **☐**  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Livermore Valley Education Foundation</strong></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>

   **C.**  
<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
   | **Livermore Valley Education Foundation**  
   **American Swim Academy**  
   500 Dublin B, Ste 101  
   Dublin, CA 94568 | 41 | To reward a school or nonprofit organization  
   For its contributions to the community |

4. **Verification**  
   (Have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.)  
   **Signature of Agency Head or Designee:** Lee Ann Fergerson  
   **Print Name:** Supervisor's Assistant  
   **Title:**  
   **Date:** 10/22/13  
   **Comment:** **LVEF is dedicated to restoring and enhancing academic extracurricular programs within the Livermore Valley Joint Unified School District**

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

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

#### 2. Function or Event Information
- Does the agency have a ticket policy? Yes ☐ No ☐
- Face Value of Each Ticket/Pass $100.00
- Event Description: Warriors Basketball
- Event Date(s): 12/11/13
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
- If yes, Name of Source: Scott Haggerty Dist.
- Ticket(s)/Pass(es) provided by agency official? No ☐ Yes ☐

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chuck Santana</td>
<td>4</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>

- 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>

#### 4. Verification
- I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
- Signature of Agency Head or Designee: [Signature]
- First Name: Lee Ann
- Supervisor's Assistant: Fergerson
- Title: Supervisor's Assistant
- Date (Month, Day, Year): 10/12/13

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

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

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<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 [X] No [ ]
   - Event Description: Warriors preseason game
   - Face Value of Each Ticket/Pass: $100.00
   - Date(s): 10/24/13
   - Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   - If no: GSW
   - Name of Source: [ ]
   - Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
   - If yes: SUPERVISOR SCOTT HAGGERTY, DI
     - 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:

   | STEPHANIE CAMERERA | 2/1 | To reward a County employee for his or her exemplary service to the public or to encourage staff development |

   [ ] Income

   | | 2/1 |

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature of Agency Head or Designee: [Signature]
   - Print Name: Lee Ann Fergerson
   - Title: Supervisor's Assistant
   - (Month, Day, Year): 10/15/13

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Event Description [WARRIORS BASKETBALL]
   Face Value of Each Ticket/Pass $250
   Date(s) 11/20/13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   Name of Source Alameda County Supervisor Scott Haggerty
   If no: [ ]
   If yes: [ ]
   Name of Source [ ]
   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.
   
<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: |
   |                                       |                             | Ceremonial Role [ ] Other [ ] Income [ ] |
   |                                       |                             | If checking Ceremonial Role or Other describe below: |
   |                                       |                             | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales |
   |                                       |                             | |
   |                                       | 4/1                         | |

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   11/20/13

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass $** 2500
- **Event Description** WARRIORS BASKETBALL
- **Event Date(s)** 2/4/14
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **Face Value of Each Ticket/Pass $** 2500
- **Event Description** WARRIORS BASKETBALL
- **Event Date(s)** 2/4/14

### 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 (Job, Pay)</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 [ ] Others [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

**Sunoll Business Guild**
- **Name of Outside Organization (Include address and description)**
- **Number of Ticket(s)/Pass(es)** 4
- **Describe the public purpose made pursuant to the agency's policy**
  - To reward a school or nonprofit organization
  - For its contributions to the community

### 4. Verification

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

Signature: [Signature]
Print Name: Lee Ann Fergerson
Title: Supervisor's Assistant

Date: 1/5/13

Comment: The Guild raises funds to help maintain and help local non-profits.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Warriors/Basketball
   Face Value of Each Ticket/Pass $ 5500
   Date(s) 1/14/13
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Name of Source: GSW
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   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.

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fred Gothart</td>
<td>4</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>

   Income ☒ Ceremonial Role ☐ Other ☐ Income ☐
   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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature: Lee Ann Fergerson
   Supervisor's Assistant: Scott Haggerty, District 1
   Date: 1/13/14

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):
   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: $18.00
   Event Description: DRAKE
   Event Date(s): 11/19/13
   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☐
   Name of Source: GSW
   Was ticket distribution made at the behest of agency official?
   No ☐ Yes ☑
   Official's Name (Last, First): 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 (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Lee Ann Fergerson
   Printed Name: Supervisor's Assistant
   Title: 11/12/13
   (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 leean.fergerson@acgov.org

**Date Stamp**
California Form 802
For Official Use Only

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes □ No □
- **Face Value of Each Ticket/Pass $** 200.00
- **Event Description**
  - **Date(s)** 3/9/14
  - **Ticket(s)/Pass(es) provided by agency?** Yes □ No □
  - **Name of Source**
    - **If no:**
    - **Alameda County Supervisor**
    - **If yes:** 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.**

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</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>Well’s Middle School</td>
<td>4/1</td>
<td>To reward a school or nonprofit organization For its contributions to the community</td>
</tr>
<tr>
<td>6800 Penn Drive, Dublin CA 94568</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**

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

**Signature of Agency Head or Designee**

Lee Ann Fergerson
Supervisor’s Assistant

**Date** 11/4/13

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 E-mail
(510) 272-6691 leean.fergerson@ecgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 250
Event Description Warriors
Provide Title/Explanation
Date(s) 4/14/13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: GSW
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
If yes: Scott Haas, Dist. 1
Official's Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequoia Elementary School</td>
<td>4/1</td>
<td>To reward a school or nonprofit organization For its contributions to the community</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Lee Ann Ferguson Supervisor's Assistant
Print Name: Lee Ann Ferguson Title: Supervisor's Assistant
(Month, Day, Year) 11-06-13

Comment: Elementary School - Donation to Fundraiser to help offset cuts to education
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 123.75
   Event Description Michael Bingle
   Provide Title/Explanation
   Date(s) 11/30/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: 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 obtain oversight of facilities or events that have received County funding or support
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

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

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

Comment: Alameda County, Supervisor’s District

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) 272-6591
   E-mail leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description (Provide Title or Explanation) WARRIORS GAME
   Face Value of Each Ticket/Pass $2000
   Date(s) 12, 3, 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Name of Source GSW
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   B. Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      if checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      if checking "Ceremonial Role" or "Other" describe below:
   C. Name of Outside Organization (Include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   Washington High School, 38442 Fremont Blvd, Fremont, CA 94536
   To reward a school or nonprofit organization for its contributions to the community.

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Lee Ann Fergerson
   Part Name: Supervisor's Assistant
   Title: (Month, Day, Year)
   Comment: Fundraising event for Haiyan Typhoon Relief
   To students participating in...
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Warriors / Nuggets
   Face Value of Each Ticket/Pass $350
   Date(s): 7/15/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Name of Source: GSW
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   Official's Name (Last, First): 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 (Last, First)
      Number of Ticket(s)/Pass(es)
      Identity 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
      Washington High School
      36442 Fremont Blvd
      Fremont, CA 94536
      To reward a school or nonprofit organization for its contributions to the community.

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson, Supervisor's Assistant
   11-22-13

Comment:
   Fremont High School to reward students for raising funds for Philippines Typhoon victims to help rebuild.
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
Alameda County  
Division, Department, or Region (If Applicable) 
Board of Supervisors  
Designated Agency Contact (Name, Title) 
Lee Ann Fergerson, Supervisor's Assistant  
Area Code/Phone Number 
(510) 272-6591  
E-mail 
leaann.fergerson@acgov.org

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes □ No □  
Face Value of Each Ticket/Pass $ 25000  
Event Description WARRIORS GAME  
Provide Title/Explanation  
Ticket(s)/Pass(as) provided by agency?  
Yes □ No □  
Date(s) 1 2 4 14  
If yes:  
GSW  
Name of Source 
Alameda County Supervisor Scott Huggler, District 1  
If no:  
Official 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 Outside Organization (Include address and description)</th>
<th>Number of Tickets Provided</th>
<th>Description of the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASHINGTON HIGH SCHOOL 38442 FREMONT BLVD. FRMANT, CA 94536</td>
<td>4/1</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

4. Verification  
I have read and understood FPPC Regulations 1944.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head of Designee  
Lee Ann Fergerson  
Supervisor’s Assistant  
Date 11-22-13

Comment: Typhon Haiyan Relief Victims
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Face Value of Each Ticket/Pass $300
Event Description Warriors Basketball
Date(s) 12/17/13
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
Name of Source GSW
Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]
If yes: Alameda County Supervisor Scott Haggerty, District 1

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:
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 18044.1 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment:

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

1. Agency Name
   Alameda County
   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: Warriors
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Face Value of Each Ticket/Pass $350.00
   Date(s): 12, 13, 13
   Was ticket distribution made at the behest of agency official? Yes □ No □
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Name of Source: 606
   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 (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy

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

   Signature of Agency Head or Designee 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 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 [x]
- **Face Value of Each Ticket/Pass:** $200.00
- **Event Description:** Warriors
  - Provide Title/Explanation:
- **Ticket(s)/Pass(es) provided by agency?:** Yes [x] No [ ]
- **Date(s):** 1/26/13 (GSO)
- **Recipient:**
  - **Name of Source:** Alameda County Supervisor Scott Haggerty, District 1
  - **If yes:**
  - **Official's Name (Last, First):**

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

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

- **B. Name of Individual**
  - **Date(s):**
  - **Number of Ticket(s)/Pass(es):**
  - **Identify one of the following:**
    - Ceremonial Role [ ]
    - Other [ ]
  - **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**
  - **To reward a school or nonprofit organization for its contributions to the community.**

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
<th>To reward a school or nonprofit organization for its contributions to the community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fremont Elks #2121 B.P.O.E</td>
<td>4/1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38991 Farwell Drive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fremont CA 94536</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Verification
I have read and understand FPPC Regulations 18044.1 and 18042. I have confirmed that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee:** Lee Ann Fergerson

**Print Name:** Lee Ann Fergerson

**Title:** Supervisor's Assistant

**Date:** 11-18-13

**Comment:** The Fremont Elks donates to charities, especially local veterans and handicapped children.
## Agency Report of:
### Ceremonial Role Events and Ticket/Pass Distributions

#### 1. Agency Name
Alameda County

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

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

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

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

#### 2. Function or Event Information

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

**Event Description:** Warriors vs. Nuggets

**Provide Title/Explanation**

**Face Value of Each Ticket/Pass:** $350

**Date(s):** 1/15/14

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

**If no:** Golden State Warriors

**Name of Source:**

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

**If yes:** Alameda County Supervisor Wilma Chan

**Official’s Name (Last, First):**

### 3. Recipients

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

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

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

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woldesenbet, Makada</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

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

### 4. Verification

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

**Signature of Agency Head or Designee:**

**Print Name:**

**Title:**

**Senior Legislative Aide:**

**Print Name:**

**Title:**

**Date:** 11/26/13

**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)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org
   Date Stamp
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 300
   Event Description Warriors vs. Mavericks
   Event Description (Provide Title/Explanation)
   Date(s) 12 / 11 / 13
   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? Yes ☑ No ☐
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

   **B.** Name of Individual (Last, First)
   | Number of | Identify one of the following: |
   | Ticket(s)/Pass(es) | |
   | Ceremonial Role ☐ Other ☐ Income ☐ |
   | | |
   | [Boggan, Jacqueline] | [2] |
   | | |
   | [Boggan, Jacqueline] | [3] |
   | | |

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Alex Boskovich
   Senior Legislative Aide: 11/26/13
   Comment: FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 300/$30
   Event Description Warriors vs. Mavericks
   Provide Title/Explanation
   Date(s) 12 / 11 / 13
   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? Yes ☒ No ☐
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

   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:
      Chan, Carl
      2/park
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Alex Boskovich
   Print Name
   Senior Legislative Aide
   Title
   (Month, Day, Year) 11/26/13

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 vs. Rockets
   Face Value of Each Ticket/Pass $350
   Date(s): 12/13/13
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
   Was ticket distribution made at the behest of agency official? No □ Yes ☒
   Name of Source: Golden State Warriors
   Official's Name (Last, First): Alameda County Supervisor Wilma Chan

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role □ Other □ Income □
      To promote attendance at 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 understood FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Alex Boskovich
   Date: 11/22/13

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

## 1. Agency Name
Alameda County

Division, Department, or Region (if Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Alex Boskovich

Area Code/Phone Number (510) 272-6693

E-mail alex.boskovich@acgov.org

## 2. Function or Event Information

| Does the agency have a ticket policy? | Yes ☒ No ☐ | Face Value of Each Ticket/Pass $ | $123.75 |
| Event Description | Michael Buble |

| Date(s) | 11 / 30 / 13 |

| 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? | Yes ☒ No ☐ |

| Name of Agency, Supervisor | Alameda County Supervisor Wilma Chan |

## 3. Recipients

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

* Use Section B to identify an individual.

* Use Section C to identify an outside organization.

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

<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

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

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

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

Alex Boskovich

Senior Legislative Aide

(510) 272-6693

Date Stamp

11/21/13 (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description: Warriors vs. Rockets
   Face Value of Each Ticket/Pass $ 350
   Date(s) 12, 13, 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Golden State Warriors
   Name of Source: Alameda County Supervisor Wilma Chan
   If yes: Alameda County Supervisor Wilma Chan
   Name of Source: (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>Garcia, Jane</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee: Alex Boskovich
Print Name: Senior Legislative Aide
Title: 11/21/13 (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)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org
   Date Stamp
   □ Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Warriors vs. Grizzlies
   Face Value of Each Ticket/Pass $ 250/$30 parking
   Date(s) 11 / 20 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Chan's Name (Last, First)

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

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

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

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

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

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Warriors vs. Grizzlies
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 250
   Date(s) 11 / 20 / 13
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Alameda County Supervisor Wilma Chan

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

   B. Name of Individual Number of Ticket(s)/Pass(es) Identify one of the following:
      Cheng, Jamie 2 Ceremonial Role ☐ Other ☐ Income ☐
      if checking "Ceremonial Role" or "Other" indicate 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 Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
      (include address and description)

4. Verification
   I have read and understand FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   11/20/13
   Comment: 

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

### 1. Agency Name
Alameda County

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

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

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

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

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description**
  - Drake
- **Face Value of Each Ticket/Pass** $118
- **Date(s)** 11 / 19 / 13

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

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

If no: **Golden State Warriors**
**Name of Source**

If yes: **Alameda County Supervisor Wilma Chan**
**Official’s Name (Last, First)**

### 3. Recipients

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baranco, Lauren</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

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

### 4. Verification

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

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

**Print Name**
Senior Legislative Aide

**Title**

**Date**
11/19/13

**Comment:**

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No □
Face Value of Each Ticket/Pass $ $118
Event Description Drake
Date(s) 11 / 19 / 13
Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No □ Yes ☑
If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

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

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

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

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

Signature of Agency Head of Department: Alex Boskovitch  Senior Legislative Aide: 11/18/13
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)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $118
   Event Description Drake
   Date(s) 11/19/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wiima Chan
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</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>Lam, Marianne</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &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
   I have read and understand FPPC Regulations 18904.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   Date 11/18/13
   (Month, Day, Year)

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

## 1. Agency Name
Alameda County

**Division, Department, or Region (if Applicable)**

Board of Supervisors

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

Alex Boskovich

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

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

## 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Face Value of Each Ticket/Pass** $82
- **Event Description** Pearl Jam
- **Date(s)** 11 / 26 / 13
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If yes, Name of Source** Golden State Warriors
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
- **If yes, Name of Source** Alameda County Supervisor Wilma Chan

## 3. Recipients

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

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

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

### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heglin, Chris</td>
<td>4</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>

### C. Name of Outside Organization

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

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18944.2. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**

Alex Boskovich

**Print Name**

Senior Legislative Aide

**Title**

11/13/13

(Month, Day, Year)

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Warriors vs. Jazz
   Face Value of Each Ticket/Pass $200/$30-parking
   Date(s) 11/16/13
   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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18044.1 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   (Print Name)
   Title
   11/13/13 (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)

   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 200
   Event Description Warriors vs. Jazz
   Date(s) 11 / 16 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   
   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   Brown, Fred 2
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   Ceremonial Role ☐ Other ☐ Income ☐

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

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

   Signature of Agency Head in Discharge

   Alex Boskovich
   Print Name
   Senior Legislative Aide
   Tilt
   11/13/13
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 200
   Event Description Warriors vs. Pistons
   Provide Title/Explanation
   Date(s) 11 / 12 / 13
   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? Yes ☑ No ☐
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

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

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

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

   Signature of Agency Head or Designee
   Alex Boskovich
   Print Name
   Senior Legislative Aide
   Title
   11/12/13
   (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)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6683
   E-mail alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 200/$30-parking
   Event Description Warriors vs. Pistons
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Date(s) 11 / 12 / 13
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandoval, Terry</td>
<td>2 +park</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee Alex Boskovich Senior Legislative Aide
Print Name Title
1/12/13 (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 200.00
   Event Description Warriors vs. Jazz
   Date(s) 11 / 16 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   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.

   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
      St. Rose Hospital Foundation
      27200 Calaroga Ave, Hayward 94545
      Raises funds to continue hospital mission of providing quality health care
      4 To reward a non-profit organization for its contributions to the community.

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Michelle Dianda
   Date 11/2/2013
   Supervisor’s Aide
   Photo Name
   Title
   (Month, Day, Year)

Comment: Includes 1 parking pass at the value of $20.
**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: Drake Concert
   - Face Value of Each Ticket/Pass: $118.00
   - Date(s): 11/19/13
   - Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   - If yes: Golden State Warriors
   - Name of Source: Valle, Richard; Supervisor District 2

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

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

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

   **C. Name of Outside Organization**
<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decisiones</td>
<td>4</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>401 Marina Blvd, San Leandro 94577</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School and community based AOD and gang intervention counseling</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature: [Signature]
   - Date: 11/12/13

Comment: [Comment]

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 886/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 [x] No [ ]
   - **Face Value of Each Ticket/Pass $** 82.00
   - **Event Description** Pearl Jam Concert
   - **Date(s)** 11 / 26 / 13
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
   - **Name of Source** Golden State Warriors
   - **Name of Official** Valle, Richard - Supervisor District 2

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Douglas, Simon</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role [x]</td>
<td>Other [ ] Income [ ]</td>
<td></td>
</tr>
<tr>
<td>To promote attendance at an event in a County facility in order to maximize potential revenue from sales.</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>Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Signature of Agency Head or Designee**

Michelle Dianda
**Supervisor's Aide**

**Date** 11/12/13

**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.diana@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Pearl Jam Concert
Face Value of Each Ticket/Pass $82.00
Event Date(s) 11/26/13
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 ☒
Name of Official Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit
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 ☐

Trullinger, Andi 2
To promote attendance at an event in 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 have read and understand FPPC Regulations 18944. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Michelle Dianda Supervisor's Aide
Print Name Title Date (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.dlianda@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Warriors vs. Suns
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 $200.00
Date(s) 12/27/13
If no: Golden State Warriors
Name of Source: Valle, Richard - Supervisor District 2
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit | 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
League of Women Voters - Eden Area P.O. Box 2234, Castro Valley, CA 94546 4  To reward a non-profit organization for its contributions to the community.

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

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Warriors vs. Spurs
   Face Value of Each Ticket/Pass $350.00
   Date(s) 12 / 19 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If yes: Golden State Warriors
   Name of Source
   If no: Vallee, 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
   Number of Ticket(s)/Pass(es) Identify one of the following:
   Ceremonial Role ☐ Other ☑ income ☐
   Collett, Tom 8 To reward a community volunteer for his service to the public.
   Income ☐
   Ceremonial Role ☐ Other ☐ income ☐

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Michelle Dianda Supervisor's Aide
   Date (Month, Day, Year) 11/19/13

Comment: Includes 2 parking passes at the value of $20 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. Tennessee Titans
Date(s) 11 / 24 / 13
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source
If no: Oakland Raiders
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)
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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valle, Monica</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee Michelle Dianda Supervisor's Name Alice
Date 11/21/13

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

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

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

2. Function or Event Information  
Does the agency have a ticket policy?  Yes ☑ No □  
Face Value of Each Ticket/Pass $ 123.75  
Event Description Michael Buble Concert  
Date(s) 11, 30, 13  
Ticket(s)/Pass(es) provided by agency?  Yes □ No ☑  
If no: Golden State Warriors  
Name of Source  
Was ticket distribution made at the behest of agency official?  No □ Yes ☑  
If yes: Valle, Richard- Supervisor District 2  
Official’s Name (Last, First)  

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

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

B. Name of Individual  
(s) Name  
Number of Ticket(s)/Pass(es)  
Identify one of the following:  
Ceremonial Role □ Other ☑ Income □  
Other description if checking Ceremonial Role or Other:  
To promote attendance at an event held at County facility in order to maximize potential revenue from sales  
Ceremonial Role □ Other □ Income □  
Other description if checking Ceremonial Role or 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.  

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

Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
# Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
Alameda County

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

**Designated Agency Contact (Name, Title):**
Amy Shrago

**Area Code/Phone Number**
(510) 272-6695

**E-mail**
amy.shrago@acgov.org

### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Face Value of Each Ticket/Pass $</th>
<th>Event Description</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No ☑</td>
<td>141.50</td>
<td>Pink Concert</td>
<td>10 / 10 / 13</td>
</tr>
</tbody>
</table>

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

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

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

**Name of Source**
- **Gold State Warriors**

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

### 3. Recipients

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

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

<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>

- **Simpson, Michelle**
  - 4
  - Ceremonial Role ☑
  - Other ☑
  - Income ☑

  *To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales*

  **Ceremonial Role**
  - ☑
  - Other ☑
  - Income ☑

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

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

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

### 4. Verification

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

**Signature of Agency Head/Designee**
Amy Shrago

**Print Name**
Superior's Assistant

**Title**

11/21/13

(Month, Day, Year)

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

**1. Agency Name**
Alameda County

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

**Designated Agency Contact (Name, Title)**
Amy Shrago

**Area Code/Phone Number**
(510) 272-6695

**E-mail**
amy.shrago@acgov.org

**Date Stamp**

**California Form 802**
For Official Use Only

**2. Function or Event Information**
- **Does the agency have a ticket policy?** Yes ☐ No X
- **Event Description** Disney on Ice
- **Face Value of Each Ticket/Pass $** 65.00
- **Date(s)** 10 / 17 / 13
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No X
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes X

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

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

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

### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other X Income ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mitchell, Tiara</td>
<td>4</td>
<td>Ceremonial Role ☐ Other X Income ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

To promote attendance 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>
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</table>

### 4. Verification

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

Amy Shrago

Supervisor's Assistant

11/21/13

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

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 11/21/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 60.00
   Event Description Disney on Ice
   Date(s) 10 / 18 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a community volunteer for his or 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 have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Amy Shrago
   Supervisor's Assistant
   11/21/13

Comment:

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

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

   Date Stamp
   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 $ 60.00
   Event Description Disney on Ice
   Date(s) 10 / 19 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☑ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

   [Signature] [Print Name] [Title]
   Amy Shrago
   Supervisor's Assistant
   11/21/13

   Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass $ 60.00
   Event Description Disney on Ice Date(s) 10 / 20 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ Name of Source
   If yes: Carson, Keith Official’s Name (Last, First)

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

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

   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
   Socially Responsible Network - CBO trai 360 Grand Ave. #57 Oakland, CA 4
   To reward a school or nonprofit organization for its contributions to the community

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

   Signature of Agency Head or Designee
   Amy Shrago Supervisor’s Assistant
   Print Name Title
   11/21/13 (Month, Day, Year)

Comment:

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □ No ☒
   Face Value of Each Ticket/Pass $  172.90
   Event Description  Kanye West Concert
   Provide Title/Explanation
   Date(s)  10 / 23 / 13
   Ticket(s)/Pass(es) provided by agency?  Yes □ No ☒
   If no:  Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ☒
   If yes:  Carson, Keith
   Official's Name (Last, First)

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

<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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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>4</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 County employee for his or her exemplary service to the public or to encourage staff development</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>
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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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</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee  Amy Shrago  Supervisor's Assistant  11/21/13
Print Name  Title  (Month, Day, Year)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Amy Shrago

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

Date Stamp
California Form 802
For Official Use Only

 Amendment (Must provide explanation in Part 3.)

Date of Original Filing: 11/21/13

(Month, Day, Year)

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 172.90

Event Description Kanye West Concert

Provide Title/Explanatory

Date(s) 10 / 23 / 13

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

If no: Golden State Warriors

Name of Source

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

If yes: Carson, Keith

Official's Name (Last, First)

3. Recipients

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

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

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Amari</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a student for outstanding scholastic achievement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<td></td>
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4. Verification

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

Signature of Agency Head or Designee

Amy Shrago

Print Name

Supervisor's Assistant

Title

11/21/13

(Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 172.90
   Event Description Kanye West Concert
   Date(s) 10 / 23 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Carson, Keith

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

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

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

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

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

   Amy Shrago
   Supervisor's Assistant
   Signature of Agency Head or Designee
   Print Name
   Title
   11/21/13
   (Month, Day, Year)

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

1. Agency Name
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   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?
   Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 172.90
   Event Description Kanye West Concert
   Provide Title/Explanation
   Date(s) 10 / 23 / 13
   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☑
   Golden State Warriors
   Name of Source
   If no: If yes: Carson, Keith
   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.

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<tr>
<th>Name of Agency, Department or Unit</th>
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<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>Cox, Lori</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
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<th>Name of Outside Organization (Include address and description)</th>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Amy Shrago
   Supervisor’s Assistant
   11/21/13
   (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)
   Amy Shrago
   Area Code/Phone Number E-mail
   (510) 272-6695 amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 172.90
   Event Description Kanye West Concert
   Date(s) 10 / 23 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following:
   Cook, Kym 3 Ceremonial Role ☐ Other ☑ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

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

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

Signature of Agency Head/Designee
Amy Shrago
Print Name
Supervisor's Assistant
Title
11/21/13
(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)
   Amy Shrags

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

   □ Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 11/21/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 172.90

   Event Description Kanye West Concert
   Provide Title/Explanation

   Date(s) 10/23/13

   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? Yes ☑
   No ☐

   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

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

      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

      Ceremonial Role ☐ Other ☐ Income ☐

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

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

   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)

   Comment:

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

## Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
- Alameda County

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

**Designated Agency Contact (Name, Title)**
- Amy Shrago

**Area Code/Phone Number**
- (510) 272-6695

**E-mail**
- amy.shrago@acgov.org

**Date of Original Filing:** 11/21/13

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes [ ] No [x]
- **Face Value of Each Ticket/Pass $** 172.90
- **Event Description** Kanye West Concert
- **Date(s)** 10 / 23 / 13
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If no:** Golden State Warriors
- **Name of Source**
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **If yes:** Carson, Keith
- **Official's Name (Last, First)**

**3. Recipients**

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

<table>
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<tr>
<th>Number of Agency, Department or Unit</th>
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<th>Identify one of the following:</th>
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<tbody>
<tr>
<td>McWilson, Marlon</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [x] Income [ ]</td>
</tr>
</tbody>
</table>

**To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales**

<table>
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<tr>
<th>Name of Outside Organization (include address and description)</th>
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**4. Verification**

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

**Signature of Agency Head or Designee**

**Amy Shrago**

**Date:** 11/21/13

**Supervisor's Assistant**

**Title**

**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

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

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [ ] No [x]  
- **Face Value of Each Ticket/Pass $**: 172.90
- **Event Description**: Kanye West Concert
- **Date(s) 10 / 23 / 13**
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]  
- **Name of Source**: Golden State Warriors
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **Official's Name (Last, First)**: Carson, Keith

### 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 [x]  
    - **Income**: [ ]
    - **Income Description**
      - To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

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

### 4. Verification

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

- **Signature of Agency Head or Delegate**: Amy Shrago
- **Supervisor's Assistant**:  
- **Title**:  
- **Date of Filing**: 11/21/13

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

1. Agency Name
   Alameda County
   Board of Supervisors

Designated Agency Contact (Name, Title)
Amy Shrago

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

Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass $ 172.90
   Event Description Kanye West Concert
   Date(s) 10 / 23 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors
   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
   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 ☐
   Leung, Chris 2
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

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

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

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

Signature of Agency Head or Designee
Amy Shrago
Print Name

Supervisor’s Assistant
Title
11/21/13
(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)
   Amy Shrago
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No ❑
   Face Value of Each Ticket/Pass $ 172.90
   Event Description Kanye West Concert
   Date(s) 10 / 23 / 13
   Ticket(s)/Pass(es) provided by agency? Yes □ No ❑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ❑ Yes □
   If yes: Carson, Keith
   Official’s Name (Last, First)

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

   B. Name of Individual (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
      BAY EMT 1000 San Leandro Blvd., San Leandro, CA train youth to be EMTs
      5
      To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Amy Shrago
   Print Name
   Supervisor’s Assistant
   Title
   Date 11/21/13 (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)
   Amy Shrago
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@acgov.org

   Date Stamp

   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 11/21/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [X]
   Face Value of Each Ticket/Pass $ 65.00
   Event Description Live 105 Spookfest Concert
   Provide Title/Explanation
   Date(s) 10 / 25 / 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      - Ceremonial Role [ ] Other [X]
      - Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:
      To reward a County employee for his or her exemplary service to the public or to encourage staff development
      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
   Amy Shrago
   Supervisor’s Assistant
   Print Name
   Title
   (Month, Day, Year)

   Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass $ ________ 158.00
Event Description Family Bridges Presents 3 Divas Live!
Date(s) 11/9/13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Carson, Keith
Official's Name (Last, First)

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

<table>
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<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>Sar, Tina</td>
<td>4</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 or her service to the public</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee Amy Shrago Supervisor's Assistant 11/21/13
Print Name Title (Month, Day, Year)
Comment:_______________________________________

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number E-mail
(510) 272-6695 amy.shrago@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 $ 82.00
Event Description Pearl Jam
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 11 / 26 / 13
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Carson, Keith

Official's Name (Last, First)

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

<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>Valentine, Valerie</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Amy Shrago
Print Name
Supervisor's Assistant
11/21/13 (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)
   Amy Shrago

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ❑
   Face Value of Each Ticket/Pass $ 123.75
   Event Description Michael Buble
   Event Description (Provide Title/Explanation)
   Date(s) 11 / 30 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ❑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ❑
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ❑ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To reward a County employee for his or her exemplary service to
      the public or to encourage staff development
      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
   Amy Shrago
   Supervisor's Assistant
   Print Name
   Title
   Date 11/21/13
   (Month, Day, Year)

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

1. **Agency Name**
   Alameda County

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

   **Designated Agency Contact (Name, Title)**
   Amy Shrago

   **Area Code/Phone Number**
   (510) 272-6695

   **E-mail**
   amy.shrago@acgov.org

   **Date Stamp**
   California Form 802
   Date of Original Filing: 11/21/13

2. **Function or Event Information**

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

   **Face Value of Each Ticket/Pass $**
   85.00

   **Event Description** Baseball Game

   **Date(s) 11 / 30 / 13**

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

   **If no: Oakland A's**

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

   **If yes: Carson, Keith**

3. **Recipients**

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

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

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

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

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

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

   **Identify one of the following:**

   Ceremonial Role ☐ Other ☒ Income ☐

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

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

   Ceremonial Role ☐ Other ☐ Income ☐

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

4. **Verification**

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

   **Signature of Agency Head or Designee**
   Amy Shrago

   **Superior's Assistant**
   Print Name

   **Title**

   **Date** 11/21/13

   **(Month, Day, Year)**

   **Comment:**

   FPPC Form 802 (4/12)

   FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
### 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 Game
- **Face Value of Each Ticket/Pass** $85.00
- **Date(s)** 10/5/13
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **Name of Source** Oakland A's
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
- **If yes:** Carson, Keith

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Rodney</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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#### 4. Verification
- I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
- **Signature of Agency Head or Designee**
- **Print Name**
- **Title**
- **Date** 11/21/13

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Event Description: Baseball Game
Face Value of Each Ticket/Pass $85.00
Date(s): 10 / 10 / 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
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.

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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☒ Other ☐ Income ☐ Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shrago, Amy</td>
<td>2</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>DeCarlo, Katie</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Amy Shrago
Print Name: Superiors’s Assistant: 11/21/13
Title: (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)
   Amy Shrago
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@acgov.org
   Date Stamp
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 11/21/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No
   Face Value of Each Ticket/Pass $ 100.00
   Event Description Basketball Game
   Provide Title/Explanation
   Date(s) 10 / 7 / 13
   Ticket(s)/Pass(es) provided by agency? Yes [X] No
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No [X] Yes
   If yes: Carson, Keith
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      Last, First
      Number of Ticket(s)/Pass(es)
      Ceremonial Role [X] Other
      Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:
      To reward a County employee for his or her exemplary service to the public or to encourage staff development
      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.
   Amy Shrago
   Supervisor’s Assistant
   11/21/13
   Signature of Agency Head or Designee
   Print Name
   Title
   (Month, Day, Year)
   Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   Area Code/Phone Number  E-mail
   (510) 272-6695    amy.shrango@acgov.org
   Date Stamp
   Date of Original Filing: 11/21/13 (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □ No X
   Face Value of Each Ticket/Pass $ 600.00
   Event Description Basketball Game
   Event Date(s) 10 / 30 / 13
   Ticket(s)/Pass(es) provided by agency?  Yes □ No X
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official?  No □ Yes X
   If yes: Carson, Keith
   Official's Name (Last, First)

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

   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:
      
      
      Carson, Keith  4
      Ceremonial Role □ Other X  Income □
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at a County facility in order to maximize potential County revenue from parking and concession 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
      (Include address and description)
      
      

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

   Signature of Agency Head or Designee  Amy Shrago  Supervisor's Assistant  11/21/13 (Month, Day, Year)
   Print Name  Title
   Comment: 
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@acgov.org
   Date Stamp
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 11/21/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No ☒
   Face Value of Each Ticket/Pass $ 100.00
   Event Description Basketball Game
   Event Description Provide Title/Explanation
   Date(s) 11 / 12 / 13
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No □ Yes ☒
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role □ Other ☒ Income □
      If checking “Ceremonial Role” or “Other” describe below:
      Sandoval, Terry
      Loveman, Alisa
      To reward a community volunteer for his or her service to the public
      To reward a community volunteer for his or 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 have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Amy Shrago
   Supervisor’s Assistant
   Print Name
   Title
   Date (Month, Day, Year)
   Comment:

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

1. **Agency Name**
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@acgov.org
   Date Stamp
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 11/21/13
   (Month, Day, Year)

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 450.00
   Event Description Basketball Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith
   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.

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<th>Name of Agency, Department or Unit</th>
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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td>Jenkins, Kevin</td>
<td>4</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 County employee for his or her exemplary service to the public or to encourage staff development</td>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
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4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Amy Shrago
   Supervisor's Assistant
   Print Name
   Title
   Date (Month, Day, Year) 11/21/13

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No ☒ Face Value of Each Ticket/Pass $ 150.00
   Event Description Basketball Game
   Date(s) 11 / 16 / 13
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☒ Yes □ If yes: Carson, Keith

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

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

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

   Carson, Keith 4 Ceremonial Role ☒ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

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

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

   Signature of Agency Head or Designee
   Amy Shrago
   Supervisor’s Assistant
   Print Name Title
   Date 11/21/13 (Month, Day, Year)

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number E-mail
(510) 272-6895 amy.shrago@acgov.org

Date Stamp

California Form 802
For Official Use Only

 Amendment (Must provide explanation in Part 3.)
Date of Original Filing: 11/21/13 (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No X
Face Value of Each Ticket/Pass $ 200.00
Event Description Basketball Game
Provide Title/Explanation
Date(s) 11 / 20 / 13
Ticket(s)/Pass(es) provided by agency? Yes □ No X
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of the agency official? No □ Yes X
If yes: Carson, Keith
Official’s Name (Last, First)

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

<table>
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<tr>
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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>
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</thead>
<tbody>
<tr>
<td>Jenkins, Kevin</td>
<td>4</td>
<td>Ceremonial Role □ Other X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
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<tr>
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</table>

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

Amy Shrago
Signature of Agency Head or Designee
Print Name
Supervisor’s Assistant
Title
11/21/13 (Month, Day, Year)

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

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

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

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 11/21/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No ☒
   Face Value of Each Ticket/Pass $ 150.00
   Event Description: Basketball Game
   Date(s): 11 / 23 / 13
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
   If no: Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Amy Shrago
   Supervisor's Assistant
   11/21/13
   Print Name
   Title
   (Month, Day, Year)

Comment: ____________________________

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [ ] No [x]
   - Face Value of Each Ticket/Pass $300.00
   - Event Description: Basketball Game
   - Date(s): 12 / 11 / 13
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - If no: Golden State Warriors
     - Name of Source
   - Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
     - If yes: Carson, Keith
       - Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee: [Signature]
   Amy Shrago
   Supervisor’s Assistant
   Date of Original Filing: 11/21/13

Comment: 

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Amy Shrago

   Area Code/Phone Number  E-mail
   (510) 272-6695          amy.shrago@acgov.org

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 11/21/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass $ 150.00
   Event Description Basketball Game
   Provide Title/Explanation

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source

   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   Official’s Name (Last, First)

3. Recipients
   • Use Section A to identify the agency’s department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit     Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual (Last, First)     Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

   C. Name of Outside Organization
      (include address and description)     Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago
   Signature of Agency Head or Designee
   Supervisor’s Assistant
   Print Name
   Title
   11/21/13
   (Month, Day, Year)

   Comment:
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

#### 1. Agency Name
Alameda County

#### Division, Department, or Region (If Applicable)
Board of Supervisors

#### Designated Agency Contact (Name, Title)
Amy Shrago

#### Area Code/Phone Number  
(510) 272-6695

#### E-mail
amy.shrago@acgov.org

#### Date Stamp

#### California Form 802  
For Official Use Only

<table>
<thead>
<tr>
<th>Amendment (Must provide explanation in Part 3.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Original Filing: 11/21/13 (Month, Day, Year)</th>
</tr>
</thead>
</table>

#### 2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒

<table>
<thead>
<tr>
<th>Face Value of Each Ticket/Pass $</th>
</tr>
</thead>
<tbody>
<tr>
<td>200.00</td>
</tr>
</tbody>
</table>

Event Description: Basketball Game

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>1 / 20 / 14</th>
</tr>
</thead>
</table>

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

<table>
<thead>
<tr>
<th>Name of Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden State Warriors</td>
</tr>
</tbody>
</table>

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</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></td>
<td></td>
</tr>
</tbody>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" ascribe below:

To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

(include address and description)

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
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</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.

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Shrago</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor's Assistant</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>11/21/13 (Month, Day, Year)</td>
</tr>
</tbody>
</table>

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## Agency Report of:
### Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
Alameda County

**Division, Department, or Region (If Applicable)**
Board of Supervisors

**Designated Agency Contact (Name, Title)**
Amy Shrago

**Area Code/Phone Number**
(510) 272-6695

**E-mail**
amy.shrago@acgov.org

**Date Stamp**

**California Form 802**
For Official Use Only

**Amendment** (Must provide explanation in Part 3.)

**Date of Original Filing:** 11/21/13 (Month, Day, Year)

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☐ No ☒
- **Face Value of Each Ticket/Pass $** 250.00
- **Event Description** Basketball Game
  - **Provide Title/Explanation**
- **Date(s)** 1 10 14
  - **/ / /
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no:**
  - **Golden State Warriors**
  - **Name of Source**
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
  - **If yes:**
  - **Carson, Keith**
  - **Official's Name (Last, First)**

### 3. Recipients

- Use Section A to identify the agency's department or unit.
- Use Section B to identify an individual.
- Use Section C to identify an outside organization.

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<tbody>
<tr>
<td>Greene, Hannah</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**

Amy Shrago

**Print Name**

Supervisor's Assistant

**Title**

11/21/13 (Month, Day, Year)

**Comment:**

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Amy Shrago

Area Code/Phone Number E-mail
(510) 272-6695 amy.shrago@acgov.org

Date Stamp California Form 802

☐ Amendment (Must provide explanation in Part 3.)
Date of Original Filing: 11/21/13
(Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy?
Yes ☐ No ☑ Face Value of Each Ticket/Pass $ 150.00
Event Description Basketball Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?
Yes ☐ No ☑ If no: Golden State Warriors
Was ticket distribution made at the behest of agency official?
No ☐ Yes ☑ If yes: Carson, Keith

3. Recipients
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following:

Brown, Elaine 4 Ceremonial Role ☐ Other ☑ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
County facility in order to maximize potential County revenue from parking and concession sales

C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Amy Shrago
Print Name Supervisor's Assistant
Title 11/21/13 (Month, Day, Year)

Comment:

(FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
# Agency Report of:

## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
Alameda County

**Division, Department, or Region (If Applicable)**
Board of Supervisors

**Designated Agency Contact (Name, Title)**
Amy Shrago

**Area Code/Phone Number** (510) 272-6695
**E-mail** amy.shrago@acgov.org

**Date Stamp**

**Date of Original Filing:** 11/21/13

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [x]
- **Face Value of Each Ticket/Pass $** 300.00
- **Event Description** Basketball Game
- **Provide Title/Explanation**
- **Date(s)** 2 / 22 / 14
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [x]
- **If no:** Golden State Warriors
  **Name of Source**
  **If yes:** Carson, Keith
  **Official’s Name (Last, First)**

### 3. Recipients

* Use Section A to identify the agency's department or unit.  * Use Section B to identify an individual.  * Use Section C to identify an outside organization.

#### A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" describe below:

To reward a County employee for his or her exemplary service to the public or to encourage staff development

#### C. Name of Outside Organization (include address and description)

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
<td></td>
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</table>

### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**

**Print Name**

**Supervisor’s Assistant**

**Title**

**Date:** 11/21/13

**Comment:**

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   Alameda County

   **Division, Department, or Region (If Applicable)**
   Board of Supervisors

   **Designated Agency Contact (Name, Title)**
   Amy Shrago

   **Area Code/Phone Number**
   (510) 272-6695

   **E-mail**
   amy.shrago@acgov.org

   **Date of Original Filing:**
   11/21/13 (Month, Day, Year)

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [ ] No [X]
   - Face Value of Each Ticket/Pass: $250.00
   - Event Description: Basketball Game
   - Date(s): 3/14/14
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - If no: Golden State Warriors
   - Ticket(s)/Pass(es) provided by agency? Yes [X]
   - If yes: Carson, Keith

3. **Recipients**
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.

   **A. Name of Agency, Department or Unit**

   **Number of Ticket(s)/Pass(es)**

   **Describe the public purpose made pursuant to the agency's policy**

   **B. Name of Individual**

   **Number of Ticket(s)/Pass(es)**

   - Sanchez, Mina
   - 4

   **Identify one of the following:**

   - Ceremonial Role [ ]
   - Other [X]
   - Income [ ]

   **To reward a County employee for his or her exemplary service to the public or to encourage staff development**

   **C. Name of Outside Organization**

   **Number of Ticket(s)/Pass(es)**

   **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

   **Signature of Agency Head or Designee**
   [Signature]

   **Print Name**
   Amy Shrago

   **Title**
   Supervisor's Assistant

   **Date**
   11/21/13 (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

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   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@acgov.org
   Date of Original Filing: 11/21/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes No ☒
   Face Value of Each Ticket/Pass $ 300.00
   Event Description Basketball Game
   Date(s) 4 / 10 / 14
   Ticket(s)/Pass(es) provided by agency? Yes No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith
   Official's Name (Last, First)

3. Recipients
   Use Section B to identify an individual. Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a County employee for his or her exemplary service to the public or to encourage staff development

   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
   Amy Shrago
   Supervisor's Assistant
   Print Name
   Title
   Date 11/21/13
   (Month, Day, Year)

Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@acgov.org
   Date Stamp
   Date of Original Filing: 11/21/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 200.00
   Event Description Basketball Game
   Date(s) 4 / 14 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith
   Official’s Name (Last, First)

3. Recipients
   • Use Section A to identify the agency’s department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shrago, Amy</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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 have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Amy Shrago
Supervisor’s Assistant
Print Name
Title
11/21/13
(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**

**A Public Document**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
</tr>
</tbody>
</table>

**Division, Department, or Region (If Applicable)**

Board of Supervisors

**Designated Agency Contact (Name, Title)**

Amy Shrago

**Area Code/Phone Number**

(510) 272-6695

**E-mail**

amy.shrago@acgov.org

---

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes ☐ No ☑
- **Face Value of Each Ticket/Pass** $200.00
- **Event Description** Basketball Game
- **Provide Title/Explanation**
- **Date(s)** 1/24/14

- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑

- **If no:** Golden State Warriors

- **Name of Source**

- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑

- **If yes:** Carson, Keith

- **Official's Name (Last, First)**

---

**3. Recipients**

- Use Section A to identify the agency's department or unit.
- Use Section B to identify an individual.
- Use Section C to identify an outside organization.

**A. Name of Agency, Department or Unit**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Last, First</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<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>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>Sierra Club San Francisco Bay Chapter 2530 San Pablo Ave., Suite 1 Berkeley C</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

---

**4. Verification**

I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**

Amy Shrago

**Supervisor's Assistant**

Print Name

Title

(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago

   Area Code/Phone Number E-mail
   (510) 272-6695 amy.shrago@acgov.org

   Date Stamp
   California Form 802
   For Official Use Only
   □ Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 11/21/13
   (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 200.00
   Event Description Basketball Game
   Provide Title/Explanation
   Date(s) 4 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith
   Official’s Name (Last, First)

3. Recipients
   • Use Section A to identify the agency’s department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   □ Ceremonial Role □ Other □ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:

   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
   Hopalong Animal Rescue
   945 22nd Ave, Oakland, CA 94606
   4
   To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Amy Shrago
   Supervisor’s Assistant
   Print Name
   Title
   11/21/13
   (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/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors

Street Address
1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)
Anna Gee, Operations Manager

Area Code/Phone Number  E-mail
510-891-5585  anna.gee@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, Event, or Ceremonial Role Information

Title  Warriors vs. Thunder

Face Value of Each Admission  $ 550.00

Description  Basketball Game

Date(s)  11 / 14 / 13

Ticket(s)/Admission(s) provided by agency?  Yes  ☐  No  ☐
If no:  Golden State Warriors

Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  ☐  No  ☐  If yes:  Miley, Nate - Alameda County Supervisor

Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Tickets</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stewart, Darryl</td>
<td>2</td>
<td>Yes  ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No  ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his exemplary service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income  ☐</td>
</tr>
<tr>
<td>Duntap, Kanika</td>
<td>2</td>
<td>Yes  ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No  ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his exemplary service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income  ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes  ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No  ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income  ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes  ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No  ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income  ☐</td>
</tr>
</tbody>
</table>

3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee  Anna Gee  Operations Manager  11/1/13
Print Name  Operations Title  (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   County of Alameda
   Board of Supervisors

   **Street Address**
   1221 Oak Street, Suite 536

   **Designated Agency Contact** (Name, Title)
   Anna Gee, Operations Manager
   Area Code/Phone Number: 510-891-5585
   E-mail: anna.gee@acgov.org

   **Date of Original Filing:** (month, day, year)

2. **Function, Event, or Ceremonial Role Information**
   **Title**: Warriors vs. Jazz
   **Face Value of Each Admission**: $200.00
   **Date(s)**: 11/16/13
   **Ticket(s)/Admission(s) provided by agency?** Yes ☐ No ☐ If no: Golden State Warriors
   **Name of Source**

   **Was the distribution to persons identified below made at the behest of an agency official?**
   Yes ☐ No ☐
   **If yes**: Miley, Nate - Alameda County Supervisor
   **Official's Name (Last, First) and Title**

   **The identity of recipient(s) and the explanation:**

<table>
<thead>
<tr>
<th>Name, (Last, First) of Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPP SHOP</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>1530 167th Ave-San Leandro, CA 94578</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>Community Policing</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐</td>
<td>Yes ☐</td>
</tr>
</tbody>
</table>

3. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   **Signature of Agency Head or Designee**
   Anna Gee
   **Operations Manager**
   Print Name
   **Title**
   **Date** 11/1/13

   **Comment**: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Manager
   Area Code/Phone Number
   510-891-5585
   E-mail
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs. Grizzlies
   Face Value of Each Admission
   $250.00
   Date(s)
   11/20/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☒
   If yes: Miley, Nate - Alameda County Supervisor
   Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name or Organization</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women on the Way to Recovery</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>20424 Haviland Ave, Hayward, CA 94541</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>programs/services for formerly incarcerated women</td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Anna Gee
Signature of Agency Head or Designee
Print Name
Operations Manager
Title
11/1/13
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Name: County of Alameda
Division, Department, or Region (if applicable): Board of Supervisors
Street Address: 1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title): Anna Gee, Operations Manager
Area Code/Phone Number: 510-891-5585
E-mail: anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title: Warriors vs. Trailblazers
Description: Basketball Game
Face Value of Each Admission: $200.00
Date(s): 11/23/13
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
If no: Golden State Warriors
Name of Source:
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐
If yes: Miley, Nate - Alameda County Supervisor
Official's Name (Last, First) and Title:
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lambert, Bill</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. To reward a non profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee: Anna Gee
Print Name: Operations Manager
Title: 11/1/13 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Prize for the Castro Valley Light Parade which was organized by volunteers.
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Manager
   Area Code/Phone Number  E-mail
   510-891-5585  anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title  Warriors vs. Raptors
   Face Value of Each Admission $ 200.00
   Description  Basketball Game
   Date(s)  12 / 03 / 13
   Ticket(s)/Admission(s) provided by agency?  Yes  No  If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes  No  If yes: Miley, Nate - Alameda County Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>4</td>
<td>Yes  No</td>
<td>To reward a non-profit organization for its contributions to the community</td>
<td></td>
</tr>
</tbody>
</table>

   | 7200 Bancroft Ave, Ste 251-Oakland, CA 94605 |  | Yes  No | Income |  

   | senior advocacy |  | Yes  No | Income |  

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee  Anna Gee  Operations Manager
   Print Name  Title
   Date  11/1/13 (month, day, year)

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Anna Gee, Operations Manager
Area Code/Phone Number E-mail
510-891-5585 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Drake
Face Value of Each Admission $ 118.00
Description Concert
Date(s) 11 / 19 / 13
Ticket(s)/Admission(s) provided by agency? Yes No If no:
Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes No If yes: Miley, Nate - Alameda County Supervisor
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gums, Angelica</td>
<td>2</td>
<td>Yes No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his exemplary service to the public</td>
</tr>
<tr>
<td>Miley, Sarah</td>
<td>2</td>
<td>Yes No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and</td>
</tr>
</tbody>
</table>

3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee Anna Gee Operations Manager 11/1/13
Print Name Title (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:  
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Manager
   Area Code/Phone Number  E-mail
   510-891-5585  anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title  Michael Buble
   Description  Concert
   Face Value of Each Admission  $123.75
   Date(s)  11/30/13
   Ticket(s)/Admission(s) provided by agency?  Yes  No  ☑ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes  No  ☑ If yes: Miley, Nate - Alameda County Supervisor
   Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ma, Stella</td>
<td>4</td>
<td>Yes ☑</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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee  Anna Gee  Operations Manager
   Print Name  Title
   (month, day, year)  11/1/13

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

   Division, Department, or Region (If Applicable)
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Alex Boskovich

   Area Code/Phone Number E-mail
   (510) 272-6693 alex.boskovich@acgov.org

   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 $78.05
   Event Description Not So Silent Night concert
   Date(s) 12 / 6 / 13
   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) Ceremonial Role ☐ Other ☐ Income ☑
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☑
   If checking “Ceremonial Role” or “Other” describe below:
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   Ceremonial Role ☐ Other ☐ Income ☑
   If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Alex Boskovich

   Print Name
   Senior Legislative Aide

   Title
   11/26/13 (Month, Day, Year)

   Comment: