

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 1780.00

Event Description Oakland A's vs. Minnesota Twins    Date(s) 08 / 07 / 14  
Provide Title/Explanation

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.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b> Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Hispanic Community Affairs Council P.O. Box 3151, Hayward CA 94540	20	To reward a non-profit organization for its contributions to the community.
Promotes value of education, cultural diversity and community involvement		

**4. Verification**

I have read and understand FPPC Regulations 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Michelle Dianda	Supervisor's Aide	3/27/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>