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 $12.00
   
   Event Description Alameda County Fair
   
   Date(s) 06 / 15 / 16
   
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   
   If no: Alameda County Fair
   
   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**
   
   BOS District 5 13
   
   Describe the public purpose made pursuant to the agency's policy
   
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

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

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

   ________________________________ □ □ □
   
   Amy Shrago □ □ □
   
   Supervisor's Assistant Print Name □ □ □
   
   Title □ □ □
   
   07/01/16 □ □ □
   
   (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 ☐  No ☒  
   Event Description  Alameda County Fair
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☒  
   If no:  Alameda County Fair
   Name of Source
   If yes:  Carson, Keith
   Official’s Name (Last, First)
   Face Value of Each Ticket/Pass $   12.00
   Date(s)  06 / 15 / 16

3. Recipients
   • Use Section 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:
   (Last, First)
   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
   (Include address and description)
   West Oakland Health Council 700 Adeline Street Oakland CA 94607 10  To reward a school or nonprofit organization for its contributions to the community
   West Oakland Youth Center 3233 Market St. Oakland CA 94608 10  To reward a school or nonprofit organization for its contributions to the community.

4. Verification
   I have C 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  07/01/16
   Amy Shrago  Supervisor’s Assistant

   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 ☒
   Event Description: Alameda County Fair
   Date(s): 06/15/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair
   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 community volunteer for his or her service to the public
      4

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

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

4. Verification
   I 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
   (Designee)    (Title)
   07/01/16

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 ☐   No ☒
   Face Value of Each Ticket/Pass $ 10,000
   Event Description  Warriors vs. Cavaliers
   Date(s) 06/01/16
   Ticket(s)/Pass(es) provided by agency?  Yes ☒   No ☐
   If yes: Golden State Warriors
   If no: 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
      BOS Dist 5     4     To reward a County employee for his or her exemplary service to the public or to encourage staff development

   B. Name of Individual (Last, First)     Number of Ticket(s)/Pass(es)     Identify one of the following:
      Income ☐
      Ceremonial Role ☐   Other ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Income ☐
      Ceremonial Role ☐   Other ☐
      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
   07/01/16 (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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No X
   Face Value of Each Ticket/Pass $ 20.00
   Event Description Warriors vs. Cavaliers
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   Date(s) 06 / 16 / 16
   If no: Golden State Warriors
   If yes: Carson, Keith
   Name of Source
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   BOS Dist 5 4 To reward a County employee for his or her exemplary service to the public or to encourage staff development

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) 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.

   Amy Shrago
   Supervisor's Assistant
   07/01/16
   (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 ☑
   Event Description Warriors vs. Cavaliers
   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 $10,000
   Date(s) 06/19/16
   If no: Golden State Warriors
   If yes: 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
      BOS Dist 5 2 To reward a County employee for his or her exemplary service to the public or to encourage staff development

      B. Name of Individual
         Number of Ticket(s)/Pass(es)
         Shrago, Ethan 1
         Mitchell, Vincent 1
         Ceremonial Role ☐ Other ☑ Income ☐
         If checking "Ceremonial Role" or "Other" describe below:
         To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev

      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
   Print Name
   Supervisor's Assistant
   Title
   Date: 07/01/16
   (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 ☐ No ☑
   Face Value of Each Ticket/Pass $ 32.00
   Event Description A’s vs. Angels
      Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 06 / 19 / 16
   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.
   Name of Agency, Department or Unit   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy

   Name of Individual (Last, First)   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   □ Ceremonial Role    ☑ Other
   Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   Carson, Keith
   2
   To review the ability of a facility or its operator to participate in the
   County’s job creation goals or job training programs
   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
   Print Name
   Supervisor’s Assistant
   Title
   Date 07/01/16

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 ☒
   Event Description A's vs. Brewers
   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 $ 27.00
   Date(s) 06 / 21 / 16
   If no: Oakland A's
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      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 Community Food Bank
      7900 Edgewater Dr, Oakland, CA 94621
      2 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
   07/01/16 (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: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $27.00
   Event Description A's vs. Brewers
   Date(s) 06 / 22 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   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.

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

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

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

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
   07/01/16 (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 $ 112.50
   Event Description A’s vs. Giants
   Date(s) 06 / 30 / 16
   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.

   A. Name of Agency, Department or Unit BOS Dist 5
      Number of Ticket(s)/Pass(es) 4
      Describe the public purpose made pursuant to the agency’s policy
      To reward a County employee for his or her exemplary service to
      the public or to encourage staff development

   B. Name of Individual
      Carson, Keith
      Number of Ticket(s)/Pass(es) 4
      Ceremonial Role ☐ Other ☒
      Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To obtain oversight of facilities or events that have received
      County funding or support

   C. Name of Outside Organization
      Sheffield Preschool non profit play base
cesc2347 Stuart St, Berkeley, CA 94705
      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 hereby certify that I have reviewed the 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
   07/01/16
   (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 [ ] No [X]
Face Value of Each Ticket/Pass $ 32.00
Event Description A's vs. Angels
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Date(s) 06 / 18 / 16
If no: Oakland A's
If yes: Carson, Keith
Name of Source
Official's Name (Last, First)

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

<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>BOS Dist 5</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>
</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>
</table>

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

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

Amy Shrago
Print Name
(Seal or Signature of Agency Head or Designee)

Supervisor's Assistant 07/01/16
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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ __________ 90.00
   Event Description: A's vs. Angels
   Provide Title/Explanation
   Date(s): 06/18/16
   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.

   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
      West Oakland Youth Center/The Mentor
      3233 Market St, Oakland, CA 94608
      18
      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.

   __________
   Designee
   Print Name
   Amy Shrago
   Supervisor’s Assistant
   Title
   07/01/16
   (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: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ☒
   Event Description A's vs. Angels
   Provide Title/Explanation
   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)
   Face Value of Each Ticket/Pass $ 90.00
   Date(s) 06 / 16 / 16

3. Recipients
   • Use Section 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 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 hereby state that I am the representative of the agency or designee. 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 07/01/16
   Print Name Title (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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: A's vs. Angels
   Date(s): 06 / 16 / 16
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☒
   If yes: Oakland A's
   If no: ____________________________
   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:

   McWilson, Marion
   2
   To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
   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  07/01/16
   (Designee)  Print Name  Title  (Month, Day, Year)

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

1. Agency Name
Alameda County

Board of Supervisors

Designated Agency Contact (Name, Title)
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:  [Month, Day, Year]

2. Function or Event Information

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

Event Description
A's vs. Rangers

Provide Title/Explanation

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

If no: Oakland A's

If yes: Carson, Keith

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

Face Value of Each Ticket/Pass $  27.00

Date(s) 06 / 16 / 16

3. Recipients

* Use Section 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>
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</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>Spencer, Scott</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 or event</td>
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<tr>
<td></td>
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<td>held at a County facility in order to maximize potential</td>
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<td>County rev</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>
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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.

Signatures of Agency Head or Designee: Amy Shrago

Print Name: Supervisor's Assistant: 07/01/16

(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, Supervisor’s Assistant
   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 $ 62.50
   Event Description
   KMEL Summer Jam
   Date(s)
   02 / 16
   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☒
   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 ☒ Income ☐
      Lewos, Reako
      4
      To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
      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
   07/01/16 (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 X
Face Value of Each Ticket/Pass $ 12.00
Event Description Alameda County Fair
Date(s) 06/15/16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
If no: Alameda County Fair
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

Healthy Oakland 2580 San Pablo Ave., Oakland CA 94612
10 To reward a school or nonprofit organization for its contributions to the community

Hidden Genius Project 519 17th St., Suite 420 Oakland CA 94612
10 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.

Amy Shrago Supervisor’s Assistant
Print Name Title

(07/01/16) (Month, Day, Year)

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

### Agency Name
Alameda County

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

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<th>Identify one of the following:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Wedding ceremony role ☐</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To reward a school or nonprofit organization for its contributions to the community.</td>
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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To reward a school or nonprofit organization for its contributions to the community.</td>
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<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>Mother Wright Foundation 3120 San Pablo Ave., Emeryville CA 94608</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>North Berkeley Senior Center 1901 Hearst St., Berkeley CA 94709</td>
<td>20</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Pacific Center for Human Growth 2712 Telegraph Ave., Berkeley CA 94705</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Peter Pan Nursery School 4618 Allendale Ave., Oakland CA 94619</td>
<td>25</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 [X]
Face Value of Each Ticket/Pass $12.00
Event Description Alameda County Fair
Date(s) 06 / 15 / 16
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
If no: Alameda County Fair
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.

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<tr>
<th>Name of Agency, Department or Unit</th>
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<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [X] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>10</td>
<td></td>
</tr>
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<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>Positive CommunicationRites of Passage 2627 57th Ave., Oakland CA 94605</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Prescott Joseph Resource Center 920 Peralta Street, Oakland CA 94607</td>
<td>10</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 19944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Amy Shrago Supervisor's Assistant 07/01/16
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**

**Continuation Sheet**

**Agency Name**
Alameda County

### 3. Recipients

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

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<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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<tr>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<td></td>
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<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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<tr>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progressive Missionary Baptist Church 3301 King St., Berkeley CA 94704</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>South Berkeley Senior Center 2939 Ellis St., Berkeley CA 94703</td>
<td>20</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>The Way Christian Center - Youth Ministry 1901 University Ave., Berkeley CA</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>True Vine Church 1125 West St., Oakland CA 94607</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

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 $ 12.00
   Event Description Alameda County Fair
   Date(s) 06/15/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair
   If yes: Carson, Keith
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      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
      100 Black Men of the Bay Area 1632
      12th Street, Oakland CA 94607
      20
      To reward a school or nonprofit organization for its contributions to the community
      100 Black Women of the Bay Area P.O.
      Box 24231 Oakland CA 94623
      20
      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: [Signature]
   Print Name: Amy Shrago
   Supervisor’s Assistant: [Signature]
   Title: [Title]
   Date: 07/01/16

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

Agency Name
Alameda County

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

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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</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>
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<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>
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<td>Ceremonial Role □ Other □ Income □</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>
</tr>
</thead>
<tbody>
<tr>
<td>Berkeley Youth Alternatives 1255 Allston Way, Berkeley CA 94702</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Beth Eden Baptist Church 1183 10th St, Oakland, CA 94607</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Black Girls Code P.O. Box 640926 San Francisco CA 94164</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Bonita House 6333 Telegraph Ave., Suite 102 Oakland CA 94609</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
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</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $12.00
   Event Description Alameda County Fair
   Date(s) 06 / 15 / 16
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]  
   If no: Alameda County Fair
   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

   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:

   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
      BOSS 1918 University Ave. #2a, Berkeley CA 94704
      10 To reward a school or nonprofit organization for its contributions to the community
      Catholic Charities 433 Jefferson Street, Oakland CA 94612
      10 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.

   Amy Shrago  Supervisor's Assistant  07/01/16
   Signature of Agency Head or Designee  Print Name  Title

Comment: __________________________________________

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

Agency Name
Alameda County

3. Recipients
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<tr>
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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>
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<tr>
<td></td>
<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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<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<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>
</table>
| Center for Independent Living 2539 Telegraph Ave., Berkeley CA 94704 | 10                          | To reward a school or nonprofit organization for its contributions to the community.
| City of Emeryville Rec. Dept. Teen Program 4300 San Pablo Ave. Emeryvill | 10                          | To reward a school or nonprofit organization for its contributions to the community.
| City of Slicker Farms 1625 16th Street, Oakland CA 94607          | 10                          | To reward a school or nonprofit organization for its contributions to the community.
| Disability Rights Education and Defense Fund 3075 Adeline St., Suite 210 Berkeley | 10                          | To reward a school or nonprofit organization for its contributions to the community.
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 X
   Event Description  Alameda County Fair
   Ticket(s)/Pass(es) provided by agency?  Yes  No X
   Was ticket distribution made at the behest of agency official?  No  Yes X
   Face Value of Each Ticket/Pass $ 12.00
   Date(s)   06 / 15 / 16
   If no:  Alameda County Fair
   If yes:  Carson, Keith
   Name of Source
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role  Other  X
      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
      Albany Senior Center 846 Masonic Ave.
      Albany CA 94706
      20 To reward a school or nonprofit organization for its contributions to the community
      Asian Prisoner Support Committee P.O.
      Box 1031 Oakland, CA 94604
      20 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.

Amy Shrago  Supervisor's Assistant
Print Name  Title
07/01/16

Comment:
## 3. Recipients

- Use Section 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>
</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>Watts, Alfred</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</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>
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<tr>
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<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>
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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>
</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>AYPAL 1238 Harrison St. Oakland CA 94612 to empower Oakland’s low-incom</td>
<td>5</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>BANANAS 5232 Claremont Ave. Oakland CA 94618 nonprofit child care r</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Beebe Memorial Cathedral 3900 Telegraph Ave., Oakland CA 94609</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Berkeley NAACP P.O. Box 613 Berkeley CA 94701</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>
Agency Name: Alameda County
Division, Department, or Region (If Applicable): Board of Supervisors
Designated Agency Contact (Name, Title): Amy Shrago
Area Code/Phone Number: (510) 272-6695
E-mail: amy.shrago@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? No
Event Description: Warriors vs. Cavaliers
Face Value of Each Ticket/Pass: $10,000
Date(s): 05/16
Ticket(s)/Pass(es) provided by agency? No
Was ticket distribution made at the behest of agency official? Yes
If no: Golden State Warriors
If yes: 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 (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 evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy

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: Amy Shrago
Print Name: Supervisor’s Assistant: Title: 07/01/16
(Full Name, Title, Date)

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

**Agency Name**
Alameda County

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

#### 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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#### B. Name of Individual

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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>
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<tbody>
<tr>
<td></td>
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<td>Ceremonial Role</td>
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<tr>
<td>Music, Carol</td>
<td>1</td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td>Coleman, Robert</td>
<td>1</td>
<td>Ceremonial Role</td>
</tr>
</tbody>
</table>

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description Warriors vs. Cavaliers
   Face Value of Each Ticket/Pass $10,000
   Date(s) 06/13/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   If yes: Carson, Keith
   Name of Source
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      Carson, Keith
      1
      To review the ability of a facility or its operator to participate in the
      County’s job creation goals or job training programs

      Carson, Maris
      1
      To promote attendance at a County sponsored event or event
      held at a County facility in order to maximize potential County rev

   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
   07/01/16
   (Month, Day, Year)

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

**Agency Name**
Alameda County

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

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<th>A. Name of Agency, Department or Unit</th>
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<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Description of purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music, Carol</td>
<td>1</td>
<td>Other ☒</td>
<td>Ceremonial Role ☐</td>
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  To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev

| Coleman, Robert       | 1                            | Other ☒                       | Ceremonial Role ☐      |
|                       |                              |                               |                        |
|                       |                              |                               |                        |
|                       |                              |                               |                        |

  To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev

<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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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 $285.00
   Event Description UGA Basketball Showcase
   Date(s) 7/20/14
   Ticket(s)/Pass(es) provided by agency? Yes [ ☑ ] No [ ]
   If no: [ ]
   Name of Source Alameda County Supervisor Scott Haggerty, D 1
   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 Name)
      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
   3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson [ ] Supervisor's Assistant [ ]
   Pint Name [ ] Title [ ]
   (Month, Day, Year) 7-25-10

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 lesann.fergerson@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☐ No ☐
   - Face Value of Each Ticket/Pass $ 27.00
   - Event Description Baseball
   - Date(s) 7/18/10
   - 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? Yes ☐ No ☐
   - Name of Source Oakland Athletics
   - 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**
   - District 1
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy
     - To reward a county employee for his or her exemplary service to the public

   **B. Name of Individual**
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role ☐ Other ☐
   - 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 verified that the distribution set forth above is in accordance with the requirements.
   - Lee Ann Fergerson Supervisor's Assistant
   - Print Name Date

Comment: [Signature]
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

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 O No O
Face Value of Each Ticket/Pass $ 27.00
Event Description Baseball
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?
Yes O No O
Date(s) 7.24.16
If no: Oakland Athletics
Name of Source
Lee Ann Fergerson, Supervisor's Assistant
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:
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 Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency's policy

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

Lee Ann Fergerson Supervisor's Assistant
Print Name Title

Date (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 ☐
   Face Value of Each Ticket/Pass $27.00
   Event Description Baseball
   Provide Ticket Explanation
   Date(s) 7/17/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   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
      Ramsey Ismal
      Number of Ticket(s)/ Pass(es)
      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
   8544.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant
   Print Name Title
   7/22/16 (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 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 Oakland Athletics
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 $27.00
Date(s) 7/21/16

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
Tickets
Identify one of the following:
To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
Ceremonial Role ☐ Other ☐
Income ☐
If checking “Ceremonial Role” or “Other,” describe below:

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

4. Verification
I have verified that the distribution set forth above, is in accordance with the requirements.
Lee Ann Ferguson Supervisor's Assistant
Print Name Title 7-4-16
(Month, Day, Year)

Comment:

FPPC Form B92 (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 $ 27.00
   Event Description: Baseball
   Provide Title/Explanation
   Date(s): 8/10/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

   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
   8644.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson        Supervisor's Assistant
   Print Name               Title
   7-12-16 (Month, Day, Year)

Comment: 0 0
### 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

**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 $** 3200
**Date(s)** 7/23/16

**Name of Source**
Oakland Athletics

**Name of Official** Alameda County Supervisor Scott Haggerty, District 1

### 3. Recipients

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

| District 1 | 2 |

**Describe the public purpose made pursuant to the agency’s policy**
To reward a county employee for his or her exemplary service to the public

**B. Name of Individual**

| Name of Individual | Number of Ticket(s)/Pass(es) |

C. **Name of Outside Organization**

| Name of Outside Organization | Number of Ticket(s)/Pass(es) |

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

### 4. Verification

18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson
Supervisor's Assistant

7-12-16

**Print Name**
**Title**
(Month, Day, Year)

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

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)

Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Ferguson, Supervisor's Assistant

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

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

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☐  No ☐
Face Value of Each Ticket/Pass $ 27.00
Event Description  Baseball Manners
Provide Title/Explanation  SEA
Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☐
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.

<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>rome ☐ Other ☐Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Taylor Family Foundation 5555 Arroyo Rd Livermore CA 94551</td>
<td>16/4</td>
<td>To Reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

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

Lee Ann Ferguson  Supervisor's Assistant
Print Name  Title
7/9/16 (Month, Day, Year)

Comment: Preserving the wellness and enhancing the quality of life for children in Northern California with life-threatening and chronic illnesses
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 California Form 802
   For Official Use Only
   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: LOUIS CK
   Provide Title/Explanation
   Date(s) 7/9/16
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If yes. If no: ____________
   Name of Source
   Was ticket distribution made at the behest of agency official? No [ ] Yes [ ]
   If yes. Alameda County Supervisor Scott 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.
   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 verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name
   Title
   7-9-16
   (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
   Nancy Sa

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Louis C. K.
   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 $65
   Date(s): 07/09/16
   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.

<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>
<th>Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gomez, Conny</td>
<td>4</td>
<td>To reward a community volunteer for her service to the public.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification
   19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Nancy Sa
   Supervisor's Assistant
   Print Name
   Title
   7/27/16 (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)**
Nancy Sa

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

**E-mail**
nancy.sa@acgov.org

### 2. Function or Event Information

**Does the agency have a ticket policy?**
Yes ☒ No □

**Face Value of Each Ticket/Pas $**
285

**Event Description**
USA Basketball Showcase

**Provide Title/Explanation**

**Date(s)**
07/26/16

**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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</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>Caudillo, Michael</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>

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

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

<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>
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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**
Nancy Sa

**Supervisor’s Assistant Print Name**

**Title**

**Date**
7/27/16

**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)
Nancy Sa

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

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

Event Description Oakland A's vs. Pittsburgh Pirates

Provide Title/Explanation

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

Face Value of Each Ticket/Pass $ 90

Date(s) 07 / 02 / 16

Name of Source
if no: Oakland Athletics

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

H.A.R.D., 1099 E Street, Hayward, CA 94541 3 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales Provides park and recreation services

4. Verification

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

Nancy Sa                Supervisor's Assistant
Print Name                Title
7/27/16  (Month, Day, Year)

Comment: Includes 1 parking pass 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)
   Nancy Sa
   Area Code/Phone Number (510) 272-6692
   E-mail nancy.sa@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 Oakland A’s vs. Toronto Blue Jays
   Date(s) 07 / 15 / 16
   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: Vaile, 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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<tbody>
<tr>
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</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: Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abode Services, 40849 Fremont Blvd., Framont, CA 94538</td>
<td>2</td>
<td>To reward a nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Develops and implements programs to end homelessness</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 or Agency Head or Designee]

   Nancy Sa
   Supervisor’s Assistant
   7/27/16
   (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)
Nancy Sa

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

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

Event Description: Oakland A's vs. Toronto Blue Jays

Face Value of Each Ticket/Pass $ 32

Date(s): 07 / 17 / 16

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

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

If yes: Valle, Richard - Supervisor District 2

Name of Source:

Official’s Name (Last, First):

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

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

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

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

Develops and implements programs to end homelessness

4. Verification
I have read and understood FPPC Form 802 and I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Nancy Sa

Print Name: Supervisor’s Assistant: 7/27/16

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)
   Nancy Sa
   Area Code/Phone Number (510) 272-6692
   E-mail nancy.sa@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 Oakland A's vs. Houston Astros
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 07 / 18 / 16
   If no: Oakland Athletics
   Name of Source
   If yes: Valle, Richard - Supervisor District 2
   Official's Name (Last, First)

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

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

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

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

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Abode Services, 40849 Fremont Blvd., Fremont, CA 94538
      2
      To reward a nonprofit organization for its contributions to the community.
      Develops and implements programs to end homelessness

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 ________________________________
   Nancy Sa
   Supervisor's Assistant ________________________________
   Print Name
   Title
   7/27/16 (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)
   Nancy Sa

   Area Code/Phone Number  E-mail
   (510) 272-6692  nancy.sa@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  Oakland A's vs. Toronto Blue Jays
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?  Yes □ No ☑
   Face Value of Each Ticket/Pass $ 38
   Date(s) 07 / 16 / 16
   If no: Oakland Athletics
   Name of Source
   If yes: Vaile, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

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

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

   Signature of Agency Head or Designee  Nancy Sa  Supervisor's Assistant  7/27/16
   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)  
Nancy Sa  

Area Code/Phone Number  
(510) 272-6692  

E-mail  
nancy.sa@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  
Oakland A's vs. Houston Astros  

Date(s)  
07-19-16  

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:  
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 name)  
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  

Life ElderCare, 3300 Capitol Ave.,  
Fremont, CA 94538  

2  
To reward a nonprofit organization for its service to the public.  

Provides quality senior services  


4. Verification  
I, Nancy Sa, undersigned FPPC Registrar, have verified that the distribution set forth above, is in accordance with the requirements.  

Signature of Agency Head or Designee  
Nancy Sa  

Print Name  

Supervisor’s Assistant  

Title  

7/27/16  

(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):**
Nancy Sa

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

**E-mail**
nancy.sa@acgov.org

---

2. **Function or Event Information**

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

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

   **Face Value of Each Ticket/Pass $**
   - 32

   **Date(s)**
   - 07 / 20 / 16

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

   **If no: Oakland Athletics**

   **Name of Source**
   **Name of Source**
   **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**

<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>

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

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

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

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

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>To reward a nonprofit organization for its service to the public.</td>
</tr>
</tbody>
</table>

**Provides quality senior services**

4. **Verification**

   I have read and understood FPPC Form 802, 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**
   Nancy Sa

   **Print Name**

   **Supervisor's Assistant**
   Print Name

   **Title**

   **(Month, Day, Year)**
   7/27/16

**Comment:**

FPPC Form 802 (4/12)

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

- **Agency Name:** Alameda County
- **Division, Department, or Region (If Applicable):** Board of Supervisors
- **Designated Agency Contact (Name, Title):** Nancy Sa

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description:** Oakland A's vs. Houston Astros
- **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:

- 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

- **Life ElderCare, 3300 Capitol Ave., Fremont, CA 94538**
  - Number: 2
  - Description: To reward a nonprofit organization for its service to the public.
  - Provides quality senior services

### 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:** Nancy Sa

**Supervisor's Assistant:**

**Print Name:**

**Title:** 7/27/16

(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)
   Nancy Sa
   Area Code/Phone Number E-mail
   (510) 272-6922 nancy.sa@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Oakland A's vs. Houston Astros
   Face Value of Each Ticket/Pass $80
   Date(s) 07/19/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</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 “Ceremonial Role” or “Other” describe below:</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>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>League of Volunteers, 8440 Central Ave, Newark, CA 94560</td>
<td>18</td>
<td>To reward a nonprofit organization for its service to the public.</td>
</tr>
<tr>
<td>Promotes volunteerism in the tri-cities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Nancy Sa
   Supervisor’s Assistant
   7/27/16
   (Month, Day, Year)

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

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nancy Sa
   Area Code/Phone Number E-mail
   (510) 272-6692 nancy.sa@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $ 90
   Event Description Oakland A's vs. Tampa Bay Rays
   Date(s) 07 / 23 / 16
   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? 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
   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:

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

   H.A.R.D., 1099 E Street, Hayward, CA 94541
   3
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales
   Provides park and recreation services

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 [ ]
   Nancy Sa [ ]
   Supervisor's Assistant [ ]
   Print Name
   Title
   7/27/16
   (Month, Day, Year)

Comment: Includes 1 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)
Nancy Sa  
Area Code/Phone Number (510) 272-6692  
E-mail nancy.sa@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 $ | 38 |
| Event Description | Oakland A’s vs. Tampa Bay Rays | Date(s) 07 / 23 / 16 |
| 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: Valle, Richard- Supervisor District 2  
Official’s Name (Last, First) |

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role ☐ 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>
</table>
| Afghan Coalition, 39155 Liberty St., Fremont, CA 94538 | 2 | To reward a nonprofit organization for its contributions to the community.  
Promotes and strengthens Afghan families through social services |

### 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.

Nancy Sa  
Supervisor’s Assistant  
Print Name  
Title  
7/27/16 (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)
   Nancy Sa
   Area Code/Phone Number (510) 272-6692
   E-mail nancy.sa@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 Oakland A’s vs. Tampa Bay Rays
   Date(s) 07 / 24 / 16
   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: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

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

   C. Name of Outside Organization (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Afghan Coalition, 39155 Liberty St., Fremont, CA 94538
      2
      To reward a nonprofit organization for its contributions to the community.
      Promotes and strengthens Afghan families through social services

4. Verification
   3844.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Nancy Sa  Supervisor’s Assistant
   Print Name  Title
   Signature or agency head or designee
   7/27/16
   (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)**
   - Vener Bates, Supervisor's Assistant

   **Area Code/Phone Number**
   - 925-551-6995

   **E-mail**
   - vener.bates@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Face Value of Each Ticket/Pass $** 12.00
   - **Event Description**: Alameda County Fair
   - **Date(s)** 6/15/16 7/4/16
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **If no: Alameda County Fair Association**
   - **Name of Source**: [ ]
   - **If yes: Supervisor Scott Haggerty**
   - **Official’s Name (Last, First)**

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

   **A. Name of Agency, Department or Unit**
   - Public Works Agency
   - Number of Ticket(s)/Passes: 60
   - Describe the public purpose made pursuant to the agency's policy: To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue

   **B. Name of Individual (Last, First)**
   - Mel Luna
   - Number of Ticket(s)/Passes: 20
   - Ceremonial Role [x] Other [ ] Income [ ]
   - Identify one of the following:
     - To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue

   **Val Bettencourt**
   - Number of Ticket(s)/Passes: 10
   - Ceremonial Role [x] Other [ ] Income [ ]
   - To reward a community volunteer for his service to the public

   **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

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

   **Vener Bates**
   - Supervisor's Assistant
   - July 2016

   **Comment:**

   FPPC Form 802 (2/2016)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

Agency Name
Alameda County

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</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>
<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)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olson, Gloria</td>
<td>10</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>Olson, Tyler</td>
<td>10</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>Anna Marie</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>Lozano, Gustavo</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</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>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Vener Bates, Supervisor's Assistant
   Area Code/Phone Number
   925-551-6995
   E-mail
   vener.bates@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? □ Yes □ No
   Face Value of Each Ticket/Pass $ 12.00
   Event Description: Alameda County Fair
   Date(s) 6/15/16 7/4/16
   Ticket(s)/Pass(es) provided by agency? □ Yes □ No
   If no: Alameda County Fair Association
   Name of Source
   If yes: Supervisor Scott Haggerty
   Official(s) Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency's policy
      Assessor's Office 25
      To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue
      General Service Agency, Building Maintenance Dept. 60
      To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      Mary Koppel 10
      Ceremonial Role □ Other □ Income □
      To reward a community volunteer for her service to the public
      Erlene De Marcus 2
      Ceremonial Role □ Other □ Income □
      To reward a community volunteer for her service to the public

   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

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

   ____________________________
   Vener Bates
   Print Name
   ____________________________
   Supervisor's Assistant
   Title
   ____________________________
   July 20, 2016
   (month, day, year

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

1. Agency Name
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Vener Bates, Supervisor’s Assistant
Area Code/Phone Number
925-551-6995
E-mail
vener.bates@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 $ 45.00
Event Description: Alameda County Fair
Date(s) 6/15/16 7/4/16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Alameda County Fair Association
Name of Source
If yes: Supervisor Scott Haggerty
Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit
Number of Ticket(s)/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:
To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue

Garcia, Joe
4

Nardolillo, Nick
4

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

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.

Vener Bates Supervisor’s Assistant July 20, 2016
Print Name Title (month, day, year)

Comment:
### 3. Recipients

* Use Section 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)/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>
<tr>
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<table>
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<tr>
<th>B. Name of Individual! (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wales, Paula</td>
<td>4</td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<td>Del Rio, Arturo</td>
<td>4</td>
<td>Ceremonial Role</td>
</tr>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<td></td>
<td>To reward a County employee for his exemplary service to the public</td>
</tr>
<tr>
<td>Freitas, Joe</td>
<td>2</td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td></td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
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<td>To reward a community volunteer for his service to the public</td>
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</tbody>
</table>

<table>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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FPVC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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)
   Vener Bates, Supervisor’s Assistant
   Area Code/Phone Number
   925-551-6995
   E-mail
   vener.bates@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 12.00
   Event Description: Alameda County Fair
   Date(s) 6/15/16 7/4/16
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Alameda County Fair Association
   Name of Source
   If yes: Supervisor Scott Haggerty
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Department of Child Support Services
      Number of Ticket(s)/Passes
      11
      Describe the public purpose made pursuant to the agency’s policy
      To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue

   B. Name of Individual
      Green, Marthel
      Number of Ticket(s)/Passes
      15
      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 held at a County facility to maximize potential County revenue

   C. Name of Outside Organization
      Pinto, Claudia
      Number of Ticket(s)/Passes
      8
      Describe the public purpose made pursuant to the agency’s policy
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a County employee for her exemplary service to the public or to encourage staff development

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
   Vener Bates
   Supervisor’s Assistant
   Print Name
   Title
   July 20, 2016
   (month, day, year)

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

**Continuation Sheet**

**Agency Name**
Alameda County

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

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<th>A. Name of Agency, Department or Unit</th>
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<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
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  - If checking “Ceremonial Role” or “Other” describe below:

    To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue

| Caleja, Angie                      | 10                          | Ceremonial Role ☐ Other ☒ Income ☐ |

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

    To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue

| Freitas, Joe                       | 2                           | Ceremonial Role ☐ Other ☒ Income ☐ |

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

    To reward a community volunteer for his service to the public

| Nardolillo, Nick                   | 4                           | Ceremonial Role ☐ Other ☒ Income ☐ |

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

    To promote attendance at a County sponsored event held at a County facility to maximize potential revenue

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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)
Vener Bates, Supervisor’s Assistant
Area Code/Phone Number E-mail
925-551-6995 vener.bates@acgov.org;

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $12.00
   Event Description: Alameda County Fair
   Date(s) 6 / 15 / 16 7 / 4 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Alameda County Fair Association
   Name of Source
   If yes: Supervisor Scott Haggerty
   Official’s Name (Last, First)

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

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<tbody>
<tr>
<td>Lauigan, Terri</td>
<td>5</td>
</tr>
<tr>
<td>McCarthy, Tom</td>
<td>8</td>
</tr>
</tbody>
</table>

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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

Vener Bates Supervisor’s Assistant
Print Name Title
July 20, 2016 (month, day, year)

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

**Agency Name**
Alameda County

3. **Recipients**
   - Use Section A to identify the agency's department or unit.  
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<td>Wales, Paula</td>
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<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number (510) 272-6693
   E-mail sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 65
   Event Description Louis C.K.
   Date(s) 07 / 09 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: 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.

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<tr>
<th>Name of Agency, Department or Unit</th>
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<tbody>
<tr>
<td>Melgoza, Ana Maria</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>3</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>
<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 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie
   Supervisor's Assistant
   07.29.2016

   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)
   Sarah Oddie
   Area Code/Phone Number E-mail
   (510) 272-6693 sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ $285
   Event Description USA Basketball Showcse: USA v. China
   Date(s) 07 / 26 / 16
   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.

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<tr>
<td>O'Connell, Greg</td>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<tr>
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4. Verification
   Irs 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor's Assistant
   07.29.2016

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)
     - Sarah Oddie
   - Area Code/Phone Number (510) 272-6693
   - E-mail sarah.oddie@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]
   - Event Description: Baseball game
   - Face Value of Each Ticket/Pass $32
   - Date(s) 07/01/16
   - Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
     - If no: Oakland A's
     - Name of Source
     - If yes: Chan, Wilma
     - Official's Name (Last, First)

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

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

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

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

4. **Verification**
   - 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Sarah Oddie [Signature]
   - Supervisor's Assistant [Signature]
   - 07.28.2016 (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)
Sarah Oddie
Area Code/Phone Number
(510) 272-6693
E-mail
sarah.oddie@acgov.org

#### 2. Function or Event Information
- Does the agency have a ticket policy? Yes ☒ No ☐
- Face Value of Each Ticket/Pass $32
- Event Description: Baseball game
- Date(s): 07 / 02 / 16

**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: Chan, Wilma

#### 3. Recipients
- Use Section 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>A. Name of Agency, Department or Unit</th>
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<td>Loveman, Alisa</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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#### 4. Verification
Pursuant to Government Code Sections 19441 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

- Sarah Oddie
  - Supervisor’s Assistant
  - 07.28.2016

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)
   Sarah Oddie
   Area Code/Phone Number E-mail
   (510) 272-6693 sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ $90 ticket/$20 parking
   Event Description Baseball game
   Date(s) 07 / 02 / 16
   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: Chan, Wiima

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(n)... event held at a County facility in order to maximize potential County revenue...
      Ceremonial Role ☐ Other ☐ Income ☐
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   C. Name of Outside Organization
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      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   ns 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
   Sarah Oddie
   Supervisor's Assistant
   07.28.2016

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)
   Sarah Oddie
   Area Code/Phone Number E-mail
   (510) 272-6693  sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 27
   Event Description Baseball game
   Date(s) 07 / 03 / 16
   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: Chan, Wilma

3. Recipients
   * Use Section 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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      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.
   Sarah Oddie
   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)
Sarah Oddie
Area Code/Phone Number (510) 272-6693
E-mail sarah.oddie@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 $27
Date(s) 07 / 15 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
If yes: Chan, Wilma
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.

<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>Garling, Angie</td>
<td>2</td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</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
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
Sarah Oddie
Print Name
Supervisor's Assistant
07.28.2016
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)
   Sarah Oddie

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ ____________
   Event Description Baseball game
   Date(s) 07 / 16 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

<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>Garcia, Jane</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</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>

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

   Sarah Oddie
   Supervisor’s Assistant
   07.28.2016

   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)
Sarah Oddie
Area Code/Phone Number E-mail
(510) 272-6693 sarah.oddie@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 $ ☑
Event Description Baseball game
Provide Title/Explanation
Date(s) 07 / 17 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

<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>Lord-Hausman, Audrey</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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
44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie Supervisor's Assistant 07.28.2016
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)
   Sarah Oddie
   Area Code/Phone Number (510) 272-6693
   E-mail sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ $80 ticket/$20 parking
   Event Description Baseball game
   Date(s) 07/18/16
   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: Chan, Wilma

3. Recipients
   Use Section 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>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakland Cal Ripken/Babe Ruth League PO Box 27549, Oakland, CA 94602</td>
<td>18/4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Youth baseball league</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie Supervisor's Assistant 07.28.2016
   Title (Month, Day, Year)
   Print Name

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)
   Sarah Oddie
   Area Code/Phone Number E-mail
   (510) 272-6693 sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 27
   Event Description Baseball game
   Date(s) 07 / 19 / 16
   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: Chan, Wilma
   Official's Name (Last, First)

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

<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>Ceremonial Role or Other: Describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Ceremonial Role or Other: Describe below:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Bay Asian Youth Center (EBAYC) 2025 E 12th St, Oakland, CA 94606</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Youth services for Oakland students</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie Supervisor's Assistant
   Print Name Title
   (Month, Day, Year)
   07.28.2016

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)
   Sarah Oddie
   Area Code/Phone Number (510) 272-6693
   E-mail sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $27
   Event Description Baseball game
   Date(s) 07 / 20 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   If yes: Chan, Wilma
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      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 verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie "Signature of Agency Head or Designee"
   Supervisor's Assistant Print Name Title 07.28.2016 (Month, Day, Year)

Comment:
1. **Agency Name**  
   Alameda County  
   Division, Department, or Region (If Applicable)  
   Board of Supervisors  
   Designated Agency Contact (Name, Title)  
   Sarah Oddie  
   Area Code/Phone Number  
   (510) 272-6693  
   E-mail  
   sarah.oddie@acgov.org

2. **Function or Event Information**  
   Does the agency have a ticket policy?  
   Yes ☑ No ☐  
   Face Value of Each Ticket/Pass $  
   $27  
   Event Description  
   Baseball game  
   Provide Title/Explanation  
   Date(s)  
   07/21/16  
   Ticket(s)/Pass(es) provided by agency?  
   Yes ☐ No ☑  
   If no:  
   Oakland A’s  
   Name of Source  
   If yes:  
   Chan, Wilma  
   Official’s Name (Last, First)

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

<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>

   | Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
   |----------------------------------|-----------------------------|---------------------------------------------------------------|
   | Silber, Ralph                     | 2                           | Ceremonial Role ☐ Other ☐ Income ☐  
   |                                  |                             | Ceremonial Role ☐ Other ☐ Income ☐ If checking “Ceremonial Role” or “Other” describe below:  
   |                                  |                             | To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...  
   |                                  | 2                           | 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>
</table>

4. **Signature**  
   I have verified that the distribution set forth above is in accordance with the requirements.  
   Sarah Oddie  
   Supervisor’s Assistant  
   07.28.2016

   Comment:  
   Signature of Agency Head or Designee  
   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)
Sarah Oddie
Area Code/Phone Number E-mail
(510) 272-6693 sarah.oddie@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Baseball game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Face Value of Each Ticket/Pass $80 ticket/$20 parking
Date(s) 07/21/16
If no: Oakland A’s
Name of Source
If yes: Chan, Wilma
Official’s Name (Last, First)

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

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

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
Simmons, Shana 10/2 Ceremonial Role ☐ Other ☐ Income ☐
To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
10/2 Ceremonial Role ☐ Other ☐ Income ☐

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

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

Signature of Agency Head or Designee Print Name
Sarah Oddie Supervisor’s Assistant Title
07.28.2016 (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)
   Sarah Oddie
   Area Code/Phone Number (510) 272-6693
   E-mail sarah.oddie@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 $80 ticket/$20 parking
   Date(s) 07 / 21 / 16
   Event Description Baseball game
   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: Chan, Wilma

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cypress Mandela 977 66th Ave, Oakland, CA 94621</td>
<td>4/1</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Pre-apprenticeship program for skilled trade in construction industry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor's Assistant
   07.28.2016 (Month, Day, Year)

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

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Sarah Oddie
   - (510) 272-6693
   - E-mail: sarah.oddie@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No ☐
   - **Event Description** Baseball game
   - **Face Value of Each Ticket/Pass $** $90 ticket/$20 parking
   - **Date(s)** 07/23/16
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No [x]
   - **If yes:** Oakland A's
     - **Name of Source:** Chan, Wilma
     - **Official's Name (Last, First):**
   - **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):** Saejang, Linda
     - **Number of Ticket(s)/Pass(es):** 3/1
     - **Identify one of the following:**
       - Ceremonial Role ☐
       - Other ☐
       - Income ☐
     - **Describe the public purpose made pursuant to the agency's policy**

   - **C. Name of Outside Organization**
     - **(Include address and description):**
     - **Number of Ticket(s)/Pass(es):** 3/1
     - **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**
   - Signature of agency head or designee: Sarah Oddie
   - Supervisor's Assistant: 07.28.2016

**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)
     - Sarah Oddie
   - Area Code/Phone Number
     - (510) 272-6693
     - E-mail
       - sarah.oddie@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Face Value of Each Ticket/Pass $ $32
   - Event Description
     - Baseball game
   - Date(s)
     - 07 / 23 / 16
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - If no: Oakland A's
     - Name of Source
     - Chan, Wilma
   - Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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

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

   **B. Name of Individual**
   - (Last, First)
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role ☐ Other ☐ Income ☐
     - To promote attendance at a(n)… event held at a County facility in order to maximize potential County revenue…
     - 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**
   - Ins 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
     - Sarah Oddie
     - Supervisor's Assistant
     - 07.28.2016
   - (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)
   Sarah Oddie
   Area Code/Phone Number E-mail
   (510) 272-6693 sarah.oddie@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 $ $27
   Date(s) 07 / 24 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source Chan, Wilma
   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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</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>East Bay Asian Youth Center (EBAYC) 2025 E 12th St, Oakland, CA 94606</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Youth services for Oakland students</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.
   Sarah Oddie Supervisor's Assistant 07.28.2016
   (Print Name Title Month, Day, Year)

Comment: