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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Baseball
   Face Value of Each Ticket/Pass $32.00
   Date(s): 9/4/16
   If no: Oakland Athletics
   Name of Source
   Alameda County Supervisor Scott Haggerty, D1
   Official's Name (Last, First)

3. Recipients
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.
   
   A. Hosted by or Sponsored by
   
   B. Attendees
   Wanda Thompson 2
   
   C. Advertise/Endorse/Other
   
   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:

   Comments:

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

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

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(510) 272-6691</td>
<td><a href="mailto:leeann.fergerson@acgov.org">leeann.fergerson@acgov.org</a></td>
</tr>
</tbody>
</table>

### 2. Function or Event Information

- **Does the agency have a ticket policy?**
  - Yes ☑ No ☐
- **Event Description**
  - **Raiders Pre-Season**
- **Face Value of Each Ticket/Pass** $222.00
- **Date(s)** 6/27/16
- **Ticket(s)/Pass(es) provided by agency?**
  - Yes ☑ No ☐
- **Was ticket distribution made at the behest of agency official?**
  - No ☐ Yes ☑

**Name of Source**
- Alameda County Supervisor Scott Haggerty, D1

### 3. Recipients

- **Use Section 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 Tickets Purchased</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets Purchased</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Benander</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Number of Tickets Purchased</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

- **I, Lee Ann Fergerson, Supervisor's Assistant,** have verified that the distribution set forth above, is in accordance with the requirements.

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lee Ann Fergerson</td>
<td>Supervisor's Assistant</td>
</tr>
</tbody>
</table>

Comment: 

---

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

1. Agency Name
   Alameda County
   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

   Face Value of Each Ticket/Pass $ 27.00
   Date(s) 9.7.16 9.11.16
   Event Description Baseball
   Ticket(s)/Pass('es) provided by agency? Yes ☐ No ☐
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   Name of Source Oakland Athletics
   If yes: Alameda County Supervisor Scott Haggerty, District 1

2. Function or Event Information
   Does the agency have a ticket policy? 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 purpose made pursuant to the agency's policy

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

   C. Name of Outside Organization
      Number of Ticket(s)/Pass('es)
      Describe the public purpose made pursuant to the agency's policy
      To reward a school or non-profit organization for its contributions to the community.

4. Verification
   I, Lee Ann Fergerson, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.

   Lee Ann Fergerson Supervisor's Assistant
   8/23/16
   Title

   Comment: Livermore Valley Joint Unified School District Fundraiser for Schools
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

Date Stamp

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description Baseball
Face Value of Each Ticket/Pass $ 27.00
Date(s) 8/23/16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Oakland Athletics
If yes: Alameda County Supervisor Scott Haggerty, District 1

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

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

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

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

Kevin Lucas 2 To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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

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

Lee Ann Ferguson Supervisor's Assistant

Comment: 

FPPC Form 802 (4/12)
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) 272-6681 leeann.fergerson@sogov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 204.00
   Event Description BANDAMS
   Provide Listing/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Date(s) 3/12/16
   No ☐ Yes ☐
   If no:
   Name of Source
   Alameda County Supervisor Scott Haggerty, D1
   Official's Name (Last, First)

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

   A. Name of Recipient Department/Unit
   Number of Tickets/Passes Provided
   Purpose of the ticket/pass in relation to the role or event
   Ceremonial Role ☐ Other ☐
   Income ☐

   B. Name of Individual
   Number of Tickets/Passes
   Identity of the following:
   Esmeralda Cruz 4
   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 selecting "Ceremonial Role" or "Other" describe below:

   C. Name of Recipient Organization
   Number of Tickets/Passes
   Purpose of the ticket/pass in relation to the agency's policy
   Ceremonial Role ☐ Other ☐
   Income ☐

4. Verification
   844.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant 8/10/16
   Print Name Title (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (888/276-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann 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 $ 90.00
   Event Description  4
   Event Description: Baseball
   Date(s) 9/23/2016
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

   B. Name of Individual (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:

   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
   Give Teens 20
   7100 Stevenson Bl., Fremont CA 94538
   4/1
   To reward a school or non-profit organization for its contributions to the community.

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson  Supervisor's Assistant  9/10/16
   Signature of Agency's Designated Official
   Comment: To encourage and equip teens by providing no-cost easy to use tools and resources to help them find their career fit.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description (Specify Title/Explanation) ADE
   Face Value of Each Ticket/Pass $ 274.0
   Date(s) 8/2/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: G=√W
   Name of Source Alameda County Supervisor Scott Haggerty, D 1
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   If yes: Officer's Name (Last, First)

3. Recipients
   Use Section A to identify the agency's department or unit.
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.
   Name Title/Position/Phone/Email/Address/Number/Amount
   A. Department/Agency
   B. Number of Individuals
   C. Name of Outside Organization

4. Verification
   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)
   Comment: 14,1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

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: $27.00  
Event Description: Baseball  
Date(s): 6-9-16  
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: 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  
44.1 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  
(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** Adele
- **Face Value of Each Ticket/Pass** $274
- **Date(s)** 08/02/16
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
- **If yes:** Golden State Warriors  
  **Name of Source**  
  **If no:**  
  **Name of Source**

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

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

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

- **Aro-Valle, Barbara**  
  **Number of Ticket(s)/Pass(es):** 2  
  **Ceremonial Role** ☑️ Other ☐  
  **Income** ☑️

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

- **Zhu, Julie**  
  **Number of Ticket(s)/Pass(es):** 2  
  **Ceremonial Role** ☑️ Other ☐  
  **Income** ☑️

  **To reward a community volunteer for her service to the public.**

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

### 4. Verification

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

---

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Print Name</th>
<th>Supervisor's Assistant</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Sa</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>(Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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Comment: 

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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)**
Nancy Sa

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

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

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

**2. Function or Event Information**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☑ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Andre Ward vs. Alexander Brand</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☐ Yes ☑</td>
</tr>
</tbody>
</table>

**Face Value of Each Ticket/Pass $**
165

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>08 / 06 / 16</th>
</tr>
</thead>
</table>

**If no:**
Golden State Warriors

**Name of Source**
Valle, Richard - Supervisor District 2

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

**3. Recipients**

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

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

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

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Last, First</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Income</th>
<th>Ceremonial Role</th>
<th>Other ☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fajardo, Carlos</td>
<td>4</td>
<td>☐</td>
<td>☑</td>
<td>Other ☑</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other ☑</th>
<th>Income</th>
<th>Other ☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

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

**4. Verification**

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

Nancy Sa
Print Name

Supervisor's Assistant
Title

(Month, Day, Year)

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

1. Agency Name
   Alameda County
   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 Banda MS
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 08 / 12 / 16
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 204
   If yes: Golden State Warriors
   Name of Source
   If no:ова

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

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      To reward a community volunteer for her service to the public.
      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.
   Signature of Agency Head or Designee
   Nancy Sa
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)

Comment:

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

1. **Agency Name**
   Alameda County
   
   **Division, Department, or Region (if Applicable)**
   Board of Supervisors
   
   **Designated Agency Contact (Name, Title)**
   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 $**  156.50
   
   **Event Description**
   *The Dream Team*
   
   **Date(s)**  08 / 13 / 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.

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

   **B. Name of Individual**
   
<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Aftab, Usman</em></td>
<td>4</td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

4. **Verification**
   
   344.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   
   **Nancy Sa**  Supervisor's Assistant  8/24/16
   
   **Comment:**

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Name
Alameda County

**Division, Department, or Region (if applicable)**
Board of Supervisors

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

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

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

---

### Function or Event Information

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

**Event Description**
The Ringling Bros.

**Provide Title/Explanantion**

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

**If no:**

**Name of Source**
Golden State Warriors

**Date(s)**
08 / 18 / 16

---

### Recipients

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonzalez, Yesenia</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

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

---

#### C. Name of Outside Organization

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

---

### 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.

---

Nancy Sa  
Print Name

Supervisor's Assistant  
Title

8/24/10  
(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@ac.gov

---

**2. Function or Event Information**

| Does the agency have a ticket policy? | Yes ☒ No ☐ | Face Value of Each Ticket/Pass $ | 42 |
| Event Description | The Ringling Bros. | Date(s) | 08 / 18 / 16 |
| Provide Title/Explanation |  |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ No ☒ | Name of Source | Golden State Warriors |
| If yes: | Valle, Richard- Supervisor District 2 |
| 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>

**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>Contreras, Hannia</td>
<td>4</td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
<td></td>
</tr>
<tr>
<td>To reward a community volunteer for her service to the public.</td>
<td></td>
</tr>
</tbody>
</table>

| 4 |
| Ceremonial Role ☐ Other ☒ Income ☐ | |

---

**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>
</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

Print Name
Supervisor's Assistant

Signature

Print Name

Date (Month, Day, Year)
8/24/16

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

### 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** $ 42

**Event Description**
The Ringling Bros.

**Provide Title/Explanation**

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

**Date(s)**
08 / 20 / 16

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

**B. Name of Individual**

**Name: Rodriguez, Robert**

**Number of Ticket(s)/Pass(es):** 4

**Ceremonial Role** ☒ **Other** ☐

**Income** ☐

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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es):</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Ceremonial Role ☒ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

**If checking “Ceremonial Role” or “Other” 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>4</td>
<td>Ceremonial Role ☒ Other ☐ Income ☐</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.

**Nancy Sa**
Print Name

**Supervisor's Assistant**
Title

**Date:** 07/24/16
(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 The Ringling Bros.
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2

3. Recipients
   • Use Section 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 reward a community volunteer for her service to the public.

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

4. Verification
   ☐ 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
   Title
   8/24/14 (Month, Day, Year)

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description** The Ringling Bros.
- **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
- $42

#### Date(s)
- 08 / 21 / 16

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

#### B. Name of Individual
- **Name of Individual** (Last, First)
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following:**
  - **Ceremonial Role** [ ] Other [x] Income [ ]
  
#### Pinzon, John
- **Number of Ticket(s)/Pass(es)**
- **Describe the public purpose made pursuant to the agency's policy**
  - To reward a community volunteer for his service to the public.

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

### 4. Verification
- **Signature of agency head or designee**
- **Print Name**
- **Title**
- **Date (Month, Day, Year)**

**Comment:**

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

1. Agency Name  
Alameda County

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

Designated Agency Contact (Name, Title)  
Nancy Sa

Area Code/Phone Number  
(510) 272-6692

E-mail  
nancy.sa@acgov.org

Date Stamp

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

Face Value of Each Ticket/Pass $  
42

Event Description  
The Ringling Bros.

Date(s)  
08 / 22 / 16

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

If no:  
Golden State Warriors

If yes:  
Valle, Richard- Supervisor District 2

Name of Source  
Official’s Name (Last, First)

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

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

| Name of Individual (Cem. Doc.) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Otoro, Heysell</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 her 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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification  
I, Nancy Sa, Supervisor’s Assistant, have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee  
Nancy Sa  
Nancy Sa

Print Name  
Supervisor’s Assistant  
Signature

8/24/11

(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

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☒ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Event Description</strong></td>
<td>SUPERCITY Summer Fest</td>
</tr>
<tr>
<td><strong>Provide Title/Explanation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ticket(s)/Pass(es) provided by agency?</strong></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td><strong>Date(s)</strong></td>
<td>08 / 19 / 16</td>
</tr>
<tr>
<td><strong>If no:</strong></td>
<td>Oakland Athletics</td>
</tr>
<tr>
<td><strong>Name of Source</strong></td>
<td></td>
</tr>
<tr>
<td><strong>If yes:</strong></td>
<td>Valle, Richard- Supervisor District 2</td>
</tr>
<tr>
<td><strong>Official’s Name (Last, First)</strong></td>
<td></td>
</tr>
</tbody>
</table>

---

### 3. Recipients

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

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

| **Name of Individual**
(last, first) | **Number of Ticket(s)/Pass(es)** | **Identify one of the following:** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Truong, Alan</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td>Contreas, Aubrey</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
</tbody>
</table>

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

---

### 4. Verification

I and 16942. 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**

**Title**

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

8/24/16

---

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 ☐
   Event Description Oakland A's vs. Cleveland Indians
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $ 80
   Date(s) 08 / 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: Vaille, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      St. Rose Hospital Foundation, 27200 Calaroga Ave. Hayward, CA 94545
      18
      To reward a non profit organization for its contributions to the public.
      Provides quality healthcare to all those in need.

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
   Print Name
   Title
   Signature
   (Month, Day, Year)

Comment: Includes 4 parking passes at the value of $20 each.
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
Alameda County

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 ☐  
Face Value of Each Ticket/Pass $ 90

Event Description  
Oakland A's vs. Seattle Mariners

Date(s)  
08/13/16

Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑  
Name of Source  
Oakland Athletics  
Valle, Richard  Supervisor District 2

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

| B. Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐ |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<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</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>
| South Hayward Parish, 27287 Patrick Ave. Hayward, CA 94544 | 3 | To reward a non profit organization for its contributions to the public.  
Provides variety of services to people in need. |

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  
Print Name  
Supervisor’s Assistant  
Title  
 قادرنة  
(24/2/16)

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

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

2. **Function or Event Information**
   **Does the agency have a ticket policy?** Yes [x] No [ ]
   **Event Description** Oakland A's vs. Seattle Mariners
   **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 $** 38
   **Date(s)** /08/ /12/ /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**

   South Hayward Parish, 27287 Patrick Ave. Hayward, CA 94544
   2
   To reward a non profit organization for its contributions to the public.
   Provides variety of services to people in need.

4. **Verification**
   **8944.1 and 16942.1 I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee**
   **Nancy Sa**
   **Date** (Month, Day, Year)
   **Supervisor's Assistant**
   **Print Name**
   **Title**

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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. BAL Orioles
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 08 / 11 / 16
   Face Value of Each Ticket/Pass $ 32
   If yes: Valle, Richard- Supervisor District 2
   Name of Source
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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

   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
      South Hayward Parish, 27287 Patrick Ave. Hayward, CA 94544
      2
      To reward a non profit organization for its contributions to the public.
      Provides variety of services to people in need.

4. Verification
   4.1 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
   (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

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☒</th>
<th>No ☐</th>
</tr>
</thead>
</table>

**Event Description**
Oakland A's vs. BAL Orioles

**Provide Title/Explanation**

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

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

**Face Value of Each Ticket/Pass** $38

**Date(s)**
08/07/16

**If no:**

**Name of Source**
Oakland Athletics

**If yes:**

**Name of Source**
Valle, Richard - Supervisor District 2

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

#### 3. Recipients

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

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

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

##### B. Name of Individual

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

- 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)

<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>

Glad Tidings Church of God in Christ, 27689 Tyrrell Ave. Hayward, CA 94544 2

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

Provides a food pantry to low income families and seniors

#### 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

Print Name

Supervisor's Assistant

Title

8/24/14 (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. Chicago Cubs

   Face Value of Each Ticket/Pass $ 40

   Date(s) 08 / 06 / 16

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

   If no: Oakland Athletics

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

   If yes: Valle, Richard - Supervisor District 2

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      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
      Glad Tidings Church of God in Christ, 27689 Tyrrell Ave, Hayward, CA 94544
      2
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

      Provides a food pantry to low income families and seniors

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 Official (Print Name)
   Nancy Sa
   Supervisor's Assistant (Print Name)
   8/24/16

   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

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. BAL Orioles
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 08 / 08 / 16
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
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
(less Print)
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
Glad Tidings Church of God in Christ, 27689 Tyrrell Ave. Hayward, CA 94544
2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
Provides a food pantry to low income families and seniors

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 official or designee
Nancy Sa
Supervisor's Assistant
Print Name
Title
Date Stamp California Form 802
For Official Use Only
Amendment (Must provide explanation in Part 3.)
Date of Original Filing: (Month, Day, Year)

Comment:
FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 886/ASK-FPPC (886/275-7772)
# Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

## 1. Agency Name
Alameda County

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

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

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

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

## 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☑ No ☐</th>
</tr>
</thead>
</table>

**Event Description** Oakland A’s vs. Chicago Cubs

**Face Value of Each Ticket/Pass** $38

**Event Date(s)** 08 / 07 / 16

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

**Name of Source**
**If no:** Oakland Athletics

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

**If yes:** Valle, Richard- Supervisor District 2

## 3. Recipients

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

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

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

### B. Name of Individual

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

Glad Tidings Church of God in Christ, 27689 Tyrrell Ave, Hayward, CA 94544

Provides a food pantry to low income families and seniors

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

## 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  8/24/10

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

**2. Function or Event Information**

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

**Event Description**

Oakland A's vs. Chicago Cubs

Provide Title/Explanation

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

90

**Date(s)**

08 / 07 / 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: Valle, Richard- Supervisor District 2

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

**Date of Original Filing:**

(Month, Day, Year)

**3. Recipients**

* Use Section 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>Valle, Richard</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales</td>
</tr>
<tr>
<td>Thompson, Gary</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public</td>
</tr>
</tbody>
</table>

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

**4. Verification**

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

Signature of Agency Head or Designee: Nancy Sa

Supervisor’s Assistant: Print Name

Title: 8/24/14

(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
### 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)/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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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
</tr>
<tr>
<td>Number of Ticket(s)/Pass(es)</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>Ceremonial Role</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td>Chavez, Arnold</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Potts, Kelvin</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Shaw, Michael</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>(include address and description)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></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)
Nancy Sa
Area Code/Phone Number E-mail
(510) 272-6692 nancy.sa@acgov.org

Date Stamp California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 32
Event Description Oakland A's vs. BAL Orioles
Provide Title/Explanation
Date(s) 08 / 09 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland Athletics
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>
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<tbody>
<tr>
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<td></td>
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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></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>Glad Tidings Church of God in Christ, 27689 Tyrrell Ave. Hayward, CA 94544</td>
<td>2</td>
<td>To reward a non profit for its contributions to the community. Provides a food pantry to low income families and seniors</td>
</tr>
</tbody>
</table>

4. Verification
I, Nancy Sa, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.

Print Name
Nancy Sa

Supervisor's Assistant

Date
8/24/16 (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

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 $  40
Event Description  Oakland A's vs. Chicago Cubs
Provide Title/Explanation
Date(s)  08 / 05 / 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>Finch, Brian</td>
<td>2</td>
<td>To reward a community volunteer for his service to the public.</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
I, Nancy Sa, an authorized FPPC employee under FPPC Statutes 18944, 1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of agency official or designee  Supervisor's Assistant
Nancy Sa  8/24(UP)
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)
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 Raiders vs. Tennessee Titans
Face Value of Each Ticket/Pass $ 275
Date(s) 08 / 27 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If no: Oakland Athletics
Name of Source
If yes: Valle, Richard- Supervisor District 2
Name of Source (Last, First)

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

A. Name of Agency, Department or Unit

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

B. Name of Individual (Last, First)
Long, Maria

<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>Long, Maria</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below: To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</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
Nancy Sa
Print Name
Supervisor’s Assistant
Print Name
Title
8/24/14
(Month, Day, Year)

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

1. Agency Name
   Alameda County

   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 $ 274
   Event Description Adele
   Date(s) 08 / 02 / 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: 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
      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:

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

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie Supervisor’s Assistant 08.03.2016
   (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 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 $ ☐
   Date(s) 08 / 05 / 16 ☐
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   If yes: Chan, Wilma
   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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bass, Hilary</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>2</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
   I have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie ☐ Supervisor’s Assistant ☐ 08.30.2016
   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**
   Andre Ward v. Alexander Brand

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

   **If yes:**
   **Name of Source**
   Chan, Wilma

   **If no:**
   **Golden State Warriors**

   **Date(s) 08 / 06 / 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**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   - Ceremonial Role ☑ Other ☐ Income ☐
   - To promote attendance at an... event held at a County facility in order to maximize potential County revenue...

   **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, Sarah Oddie, understand FPPC Regulations 18944 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

   **Title**

   **08.04.2016**
   (Month, Day, Year)

   **Comment:**

   FPPC Form 802 (4/12)

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

1. Agency Name
   Alameda County
   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 Andre Ward v. Alexander Brand
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $ 165.00
   Date(s) 08 / 06 / 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:
         Ceremonial Role □ Other □ Income □
         If checking "Ceremonial Role" or "Other" describe below:
         To promote attendance at an(n) event held at a County facility in
         order to maximize potential County revenue...

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

4. Verification
   I, 1 and 16942, I have verified that the distribution set forth above, is in accordance with the requirements.

   Supervisor’s Assistant 08.03.2016
   (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 ☐
   Face Value of Each Ticket/Pass $32
   Event Description Baseball game
   Provide Title/Explanation
   Date(s) 08/06/16
   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.

   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: Krutilek, Virginia
      Number of Ticket(s)/Pass(es) 2
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...

      Number of Ticket(s)/Pass(es) 2
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

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

4. Verification
   I, an authorized representative of FPPC Regulations 18944.1 and 18942, 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
   Print Name
   Signature
   Title
   Date (Month, Day, Year) 08.30.2016

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
   Date Stamp
   California Form 802
   For Official Use Only
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No  □ Face Value of Each Ticket/Pass $ 32
   Event Description Baseball game
   Date(s) 08 / 07 / 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
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      if checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an... event held at a County facility in order to maximize potential County revenue...
      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 
   Sarah Oddie 
   Supervisor's Assistant
   Print Name 
   Title
   08.03.2016 (Month, Day, Year)
   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 $ $27
   Event Description Baseball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Date(s) 08 / 08 / 16
   If yes: Chan, Wilma
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Name of Source
   Official's Name (Last, First)

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

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

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

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

4. Verification
   18944.1 and 18942: I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor's Assistant
   08.03.2016
   (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 $27
   Event Description Baseball game
   Date(s) 08 / 09 / 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.

   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:
      
      Wilson, Danielle
      2
      To promote attendance at an event held at a County facility in order to maximize potential County revenue...
      
      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, Sarah Oddie, undersigned FPPC Director, 18684.1 and 18642, have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie
   Supervisor's Assistant
   08.03.2016

   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 ☒ No ☐
   Event Description Baseball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   If yes: Chan, Wilma
   Name of Source
   Date(s) 08 / 10 / 16
   Face Value of Each Ticket/Pass $ $80/$20 parking
   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>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riordan, Rick</td>
<td>4+1park</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>4+1park</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee
Sarah Oddie
Print Name
Supervisor's Assistant
Title
(08.30.2016) (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  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 $ __________  □ Amendment (Must provide explanation in Part 3.)
   Event Description Baseball game
   Provide Title/Explanation
   Date(s) 08 / 10 / 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
   A. Name of Agency, Department or Unit  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy

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

   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  Supervisor's Assistant
   Print Name  Title

Comment:

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Sarah Oddie

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

   Date Stamp

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $80
   Event Description Baseball game
   Date(s) 08 / 10 / 16
   Provide Title/Explanation
   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.

   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 (Use 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...

   Arndt, Gary 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 hereby declare under penalty of perjury under Sections 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 Title: 08.08.2016
   Supervisor's Assistant: (Month, Day, Year)

   FFPC Form 802 (4/12)
   FFPC Toll-Free Helpline: 866/ASK-FFPC (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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 27 ticket/$20 parking
Event Description Baseball game
Date(s) 08 / 10 / 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
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></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>Reed, Jennifer</td>
<td>2/1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2/1</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>
</table>

4. Verification
I hereby certify under penalty of perjury under the laws of California, Sections 18780.1 and 18942, that I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie
Supervisor's Assistant
08.05.2016

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 (510) 272-6693
   E-mail sarah.oddie@acgov.org
   Date Stamp
   California A Public Document  
   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 $ 80 ticket/$20 parking
   Event Description Baseball game
   Provide Title/Explanation
   Date(s) 08 / 10 / 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.
   A. Name of Agency, Department or Unit 
      Number of Ticket(s)/Pass(es) 
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual (Last, First)  
      Number of Ticket(s)/Pass(es)  
      Describe the public purpose made pursuant to the agency's policy
      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...

   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  
   Supervisor's Assistant  
   08.03.2016 (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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Banda MS
   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 ☐
   Face Value of Each Ticket/Pass $204
   Date(s): 08 / 12 / 16
   If no: Golden State Warriors
   Name of Source: Chan, Wilma
   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></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other: ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Clinica de la Raza</td>
<td>1450 Fruitvale Ave</td>
<td>Oakland, CA</td>
</tr>
<tr>
<td>Delivers health care services to a diverse population in Alameda County</td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>

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: 08.03.2016
   (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 $32
   Event Description Baseball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 08/12/16
   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)
      Describe the public purpose made pursuant to the agency's policy
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor's Assistant
   08.03.2016
   Signature of Agency Head or Designee
   Print Name
   Title
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 156.50
   Event Description Dream Team
   Date(s) 08 / 13 / 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: 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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue...
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Sarah Oddie
   Supervisor's Assistant
   08.04.2016
   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 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 $90
   Date(s) 08 / 13 / 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? 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 | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Deardeuff, Jimmy 2 | Ceremonial Role ☐ Other ☐ Income ☑
   | If checking "Ceremonial Role" or "Other" describe below:
   | To promote attendance at a(n)… event held at a County facility in order to maximize potential County revenue...
   | 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.
   Sarah Oddie Supervisor's Assistant 08.30.2016
   Signature of Agency Head or Designee Print Name Title
   (Month, Day, Year)

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

### 1. Agency Name
- **Alameda County**

### 2. Function or Event Information
- **Event Description**: Baseball game
- **Face Value of Each Ticket/Pass**: $90/$20 parking
- **Date(s)**: 08/13/16
- **Ticket(s)/Pass(es) provided by agency?**: Yes ☒ No ☐
- **If no:** Oakland A's
- **If yes:** Chan, Wilma
  - **Name of Source**: Chan, Wilma
  - **Official's Name (Last, First)**: Chan, Wilma

### 3. Recipients
- **A. Name of Agency, Department or Unit**

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

- **B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual</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>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

- **C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food Shift - 2201 Broadway, Suite 508 Oakland, CA 94612</strong></td>
<td>3+1 park</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</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**: Sarah Oddie
- **Supervisor's Assistant**: Sarah Oddie
- **Date of Original Filing**: 08.03.2016
- **Comment**: 

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

**FPPC Toll-Free Helpline**: 866/ASK-FPPC (866/275-7772)
Agencu 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
Provide Title/Explanation
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)
Face Value of Each Ticket/Pass $27
Date(s) 08 / 14 / 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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaughn, Chelsea</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To 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>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: Sarah Oddie
Supervisor’s Assistant: Supervisor's Assistant
Title: Supervisor's Assistant
Date: 08.03.2016
(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

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 $35
Event Description Ringl. Bros./Barnum-Bailey Out of the Wild
Provide Ticket/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors
If yes: Chan, Wilma
Official’s Name (Last, First)
Date(s) 08 / 18 / 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>
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<tbody>
<tr>
<td></td>
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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:</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>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Lorenzo Jr. Rebels</td>
<td>PO Box 133</td>
<td>4 To promote health, motivate and provide expanded opportunities to vulnerable populations in the County...</td>
</tr>
<tr>
<td>San Lorenzo, CA</td>
<td>94580</td>
<td></td>
</tr>
<tr>
<td>Youth athletics regardless of a child’s weight, size or capabilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Sarah Oddie  Supervisor’s Assistant  08.16.2016
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 ☐
   Face Value of Each Ticket/Pass $ 42
   Event Description Ringl. Bros./Barnum-Bailey Out o.t. Wild
   Date(s) 08/20/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   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 ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To reward a community volunteer for his or her service to the public
      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...

   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
   1994.1 and 1994.2. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor’s Assistant
   08.16.2016
   (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

   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 $42
   Event Description Ringmaster/Barnum-Bailey Out of the Wild
   Provide Title/Explanation
   Date(s) 08 / 20 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   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
      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
      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
      San Leandro Boys & Girls Club, 401 Marina Blvd, San Leandro, CA 94577
      4
      To reward a school or nonprofit organization for its contributions to the community
      Provides programs & opportunities to help kids be self-sufficient & responsible

4. Verification
   I, Sarah Oddie, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   Print Name
   Supervisor's Assistant
   08.16.2016
   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 $ 42
   Event Description Ringl. Bros./Barnum-Bailey Out of t. Wild
   Provide Title/Explanation
   Date(s) 08 / 21 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Golden State Warriors
   Name of Source
   If no: 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:
   - Wong, Vivien  4  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...
   - 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 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   ___________________________  ___________________________  08.03.2016
   Sarah Oddie  Supervisor's Assistant  (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
   Date Stamp
   California Form 802
   Date of Original Filing:
   Month, Day, Year
   Amendment (Must provide explanation in Part 3.)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 80
   Event Description Baseball game
   Date(s) 08 / 23 / 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>

   | Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caldwell, Marissa</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>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I hereby declare under penalty of perjury, pursuant to Government Code Sections 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
   Date 08.16.2016 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

Date Stamp

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

Event Description Baseball game

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

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

Face Value of Each Ticket/Pass $80 ticket/$20 park

Date(s) 08/23/16

If no: Oakland A's

If yes: Chan, Wilma

Name of Source Official's Name (Last, First)

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

A. Name of Agency, Department or Unit

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

B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geisner, Benjamin</td>
<td>2/1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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

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

4. Verification

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

Sarah Oddie Supervisor's Assistant 08.16.2016

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

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 $ __________

Event Description Baseball game

Provide Title/Explanation

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

Date(s) 08 / 23 / 16

If no: Oakland A's

Name of Source

If yes: Chan, Wiima

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 (First, Last)

Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role □ Other: □ Income □

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

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

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, Sarah Oddie, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.

Print Name Sarah Oddie

Title Supervisor's Assistant

Date 08.16.2016

(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 E-mail
(510) 272-6693 sarah.oddie@acgov.org

Date Stamp

□ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 80

Event Description Baseball game

Date(s) 08 / 23 / 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 ☒

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>Brekke-Meisner, Lukas</td>
<td>2</td>
<td></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>
</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.

Sarah Oddie Supervisor’s Assistant 08.16.2016
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
   - **Date of Original Filing:** (Month, Day, Year)

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description:** Baseball game
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
   - **Face Value of Each Ticket/Pass $:** $80
   - **Date(s):** 08/23/16
   - **If no: Oakland A’s**
   - **Official’s Name (Last, First):** 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**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency's policy**

   **B. Name of Individual**
   - **Name:** Kubo, Theresa
   - **Number of Ticket(s)/Pass(es):** 3
   - **Identify one of the following:**
     - Ceremonial Role ☐
     - Other ☐
     - Income ☐
   - **To promote attendance at an event held at a County facility in order to maximize potential County revenue...**
   - **Number of Ticket(s)/Pass(es):** 3
   - **Ceremonial Role ☐ Other ☐ Income ☐**

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

4. **Verification**
   - I have read and understand FPPC Resolutions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Sarah Oddie** Print Name
   - **Supervisor’s Assistant** Title
   - **08.03.2016** (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)
Anna Gee

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

Event Description  Adele/Andre Ward

Provide Title/Explanation

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

If no:  GSW  Name of Source

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

If yes:  Miley, Nate  Official’s Name (Last, First)

Face Value of Each Ticket/Pass $  274.00/165.00

Date(s)  8 / 2 / 16  8 / 6 / 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:

Archuleta, Michelle  2  To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

Alves, Jeffrey  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

Acts Community Development Corporation-7200 Bancroft Ave, Oakland  2  To reward a non profit organization for its contributions to the community

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  Title  (Month, Day, Year)

Comment: Archuleta and Alves received 8/2 tickets.
### 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)/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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| B. Name of individual
(Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hutchings, Julius</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

| C. Name of Outside Organization
(include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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<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)
Anna Gee
Area Code/Phone Number (510) 272-6694
E-mail anna.gee@acgov.org

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

**2. Function or Event Information**
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ ____________ 204.00/156.50
Event Description Banda MS/Dream Team
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: GSW
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Miley, Nate
Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rodriguez, Jocelyn</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>concession sales.</td>
</tr>
<tr>
<td>Rodriguez, Socorro</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification

I have verified that the distribution set forth above, is in accordance with the requirements.
Anna Gee
Operations Chief
Print Name
Title
8/5/16

Comment: Socorro received 8/13 tickets.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 35.00/42.00
   Event Description Circus
   Date(s) 8 / 18 / 16 8 / 19 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: GSW Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Miley, Nate Official's Name (Last, First)

3. Recipients
   • Use Section A to identify the agency's department or unit.  • Use Section B to identify an individual.  • Use Section C to identify an outside organization.
   
<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>Ceremonial Role ☐ Other ☑ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crozier, Depnarie</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County-7200 Bancroft Ave, Oakland</td>
<td>4</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.</td>
</tr>
</tbody>
</table>

4. Verification
   1864.1 and 1864.2. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee Anna Gee
   Print Name
   Operations Chief
   Title
   (Month, Day, Year) 8/5/16
   Comment: USOAC received 8/18 tickets

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Circus
   Face Value of Each Ticket/Pass $ 42.00
   Date(s) 8 / 20 / 16 8 / 21 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: GSW Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Miley, Nate Name of Official (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:
   __________________________ | __________________________ | ________________________________________________________________
   Cooper, Chaniquea 4 Ceremonial Role ☐ Other ☑ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   ________________________________________________________________
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   ________________________________________________________________

   C. Name of Outside Organization | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   (include address and description) | __________________________ | ________________________________________________________________
   United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Oakland 4 To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled,
   94605 SENIOR ADVOCACY | __________________________ | ________________________________________________________________
   underprivileged, seniors and youth in foster care.

4. Verification
   8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee Print Name
   Operations Chief Title
   8/5/16 (Month, Day, Year)

Comment: USOAC received 8/20 tickets

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $42.00
   Event Description Circus
   Date(s) 8/22/16
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   If no: GSW Name of Source
   If yes: Miley, Nate 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) 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

   Meals on Wheels Alameda County-80 Swan Way, Ste 120, Oakland 94621 4 To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.

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

   Signature of agency head or designee: Anna Gee
   Print Name: Operations Chief
   Title: 8/5/16
   (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, Supervisor's Assistant
   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 X
   Event Description Louis CK
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Golden State Warriors
   If yes: Carson, Keith
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $ 65.00
   Date(s) 07/09/16

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>BOS District 5</td>
<td>1</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>Shrago, Ethan</td>
<td>1</td>
<td>Ceremonial Role □ Other X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev</td>
</tr>
</tbody>
</table>

   | Simpson, Jacob                    | 2                           | Ceremonial Role □ Other X     |
   |                                   |                             | 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 |

<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 hav □ 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 (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, 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
   Event Description USA Basketball Showcase
   Ticket(s)/Pass(es) provided by agency? Yes No
   Was ticket distribution made at the behest of agency official? Yes No
   Face Value of Each Ticket/Pass $ 285.00
   Date(s) 07/26/16
   If no: Golden State Warriors
   If yes: Carson, Keith

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

   **A. Name of Agency, Department or Unit**
   BOS District 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**
   **(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 hereby declare under penalties of perjury that I am a public officer as defined in regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature: Amy Shrago
   Title: Supervisor's Assistant
   Date: 08/01/16

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, Supervisor's Assistant

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [ ] No [X]  
   - Face Value of Each Ticket/Pass $ 274.00
   - Event Description Adele
     Provide Title/Explanation
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]  
   - If yes: Golden State Warriors
     Name of Source
     If no: Carson, Keith
     Official's Name (Last, First)

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

   **A. Name of Agency, Department or Unit**
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOS District 5</td>
<td>4 To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

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

   **C. Name of Outside Organization**
   (Include address and description)
<table>
<thead>
<tr>
<th>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**
P.C. Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago
   Supervisor's Assistant
   08/01/16
   (Month, Day, Year)
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
# Ceremonial Role Events and Ticket/Pass Distributions

## 1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 $ 204.00
Event Description Banda MS
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 08, 12, 16
If no: Golden State Warriors
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
<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 District 5</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

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

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

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

Amy Shrago  Supervisor’s Assistant  08/01/16
(Sign and Date)

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 [x]
- **Event Description** Andre Ward vs. Alexander Brand
- **Face Value of Each Ticket/Pass** $165.00
- **Date(s)** 08 / 12 / 16
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If no: Golden State Warriors**
- **Name of Source**
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **If yes: Carson, Keith**

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

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

#### B. Name of Individual
- **Name of Individual** (Last, First)
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following:**
  - Ceremonial Role [ ]
  - Other [ ]
  - Income [ ]

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

#### C. Name of Outside Organization
- **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 1638 12th St. Oakland CA 94607**
  - **4**
  - **To reward a school or nonprofit organization for its contributions to the community**

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

---

Amy Shrago
Print Name

Supervisor's Assistant
Title

08/01/16 (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, 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 $42.00
   Event Description Ringling Bros. and Barnum & Bailey Cir
   Date(s) 08/21/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith

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

   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      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 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)
      100 Black Men of the Bay Area 1638 12th St. Oakland CA 94607 4 To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I have 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
   08/01/16

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 (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 $ 27.00
Event Description A's vs. Blue Jays
Date(s) 07 / 17 / 16 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? No ☐ Yes ☒ If yes: Carson, Keith

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday Night Live/West Oakland Youth Center 3233 Market St, Oakland, CA 94</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Amy Shrago
 Supervisor's Assistant

Comment: ________________

Date (Month, Day, Year)
08/01/16
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Amy Shrago

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

Date Stamp California Form 802
For Official Use Only

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

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. Pirates
Provide Title/Explanation

Date(s) 07 / 01 / 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:

- 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

Peter Pan Cooperative Nursery School 4618 Allendale Ave., Oakland CA 94619 18 To reward a school or nonprofit organization for its contributions to the community

4. Verification
I have 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 08/01/16
Print Name Title (Month, Day, Year)

Comment: __________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? No
   Face Value of Each Ticket/Pass $ 32.00
   Event Description A's vs. Pirates
   Date(s) 07 / 02 / 16
   Ticket(s)/Pass(es) provided by agency? No
   If no: Oakland A's
   Was ticket distribution made at the behest of agency official? Yes
   If yes: Carson, Keith

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</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>Simpson, Sam</td>
<td>2</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev</td>
</tr>
</tbody>
</table>

   |                                | 2                             | Ceremonial Role Other Income |

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

4. Verification
   I have 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 08/01/16
   (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 (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 $ 27.00
Event Description A's vs. Pirates
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
If yes:
Name of Source
Carson, Keith
Official's Name (Last, First)
Date(s) 07 / 01 / 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
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 (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 E00 regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Official or Designee: Amy Shrago
Print Name
Supervisor's Assistant
Title
Date 08/01/16
(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

2. Function or Event Information

| Does the agency have a ticket policy? | Yes ☐ No ☑ |
| Event Description | A's vs. Blue Jays |
| Face Value of Each Ticket/Pass | $27.00 |
| Date(s) | 07 / 15 / 16 |
| Ticket(s)/Pass(es) provided by agency? | Yes ☑ No ☐ |
| If no: Oakland A's |
| If yes: Carson, Keith |
| Name of Source |
| Name of Official |

3. Recipients

- Use Section 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>Carson, Keith</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy</td>
</tr>
</tbody>
</table>

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

4. Verification

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

Signature of Agency Head or Designee

Amy Shrago
Supervisor's Assistant
08/01/16 (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 (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 $ 32.00
   Event Description A's vs. Blue Jays
   Date(s) 07 / 16 / 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: 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
      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
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremony Role ☐ Other ☐ Income ☐
      If checking "Ceremony Role" or "Other" describe below.
      Ceremony Role ☐ Other ☐ Income ☐
      If checking "Ceremony 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, pursuant to sections 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
   Supervisor's Assistant
   Print Name
   Title
   Date 08/01/16
   (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 (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. Blue Jays
   Date(s) 07 / 16 / 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: 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:
      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
      Peter Pan Cooperative Nursery School
      4618 Allendale Ave., Oakland CA 94619
      18 To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I have reviewed California's 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
   08/01/16 (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 (510) 272-6695  
   E-mail amy.shrago@acgov.org

2. **Function or Event Information**  
   Does the agency have a ticket policy? **Yes [ ] No [X]**  
   Event Description **A's vs. Astros**  
   Face Value of Each Ticket/Pass $27.00  
   Date(s) 07/19/16  
   Ticket(s)/Pass(es) provided by agency? **Yes [ ] No [X]**  
   If no: **Oakland A's**  
   Name of Source  
   Was ticket distribution made at the behest of agency official? **No [ ] Yes [X]**  
   If yes: **Carson, Keith**  
   Official's Name *(Last, First)*

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

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

   **B. Name of Individual** *(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 Central Labor Council  
   7750 Pardee Ln #110, Oakland, CA 946  
   2  
   To reward a school or nonprofit organization for its contributions to the community

4. **Verification**  
   I have 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  
   08/01/16

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☐ No ☒
   - **Event Description** A's vs. Astros
   - **Face Value of Each Ticket/Pass $** 27.00
   - **Date(s)** 07 / 20 / 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**
   - **Number of Ticket(s)/Pass(es)**
   - **Identify one of the following:** Ceremonial Role ☐ Other ☒ Income ☐
     - If checking "Ceremonial Role" or "Other" describe below:
   - **Spencer, Scott**
   - 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**
   - **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**
   - **08/01/16**
   - **(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

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. Rays
Provide Title/Explanation
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.

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

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

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 Describe the public purpose made pursuant to the agency's policy
(include address and description) Ticket(s)/Pass(es)

Asian Health Services 818 Webster St, To reward a school or nonprofit organization for its contributions
Oakland, CA 94607 serve and advocate f to the community

4. Verification
I have re 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 08/01/16
Sign Name Title (Month, Day, Year)

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number (510) 272-6695
E-mail amy.shrago@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 $ 32.00
Event Description A's vs. Rays
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 07 / 22 / 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 ☐
To reward a County employee for his or her exemplary service to the public or to encourage staff development
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 Regulation 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
08/01/16 (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number E-mail
(510) 272-6695 amy.shrago@acgov.org

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

### 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. Rays
Provide Title/Explanation
Date(s) 07 / 22 / 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: Carson, Keith
Official's Name (Last, First)

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

#### A. Name of Agency, Department or Unit
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOS Dist 5</td>
<td>14</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>

#### B. Name of Individual
<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To obtain oversight of facilities or events that have received County funding or support.</td>
</tr>
</tbody>
</table>

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

### Verification
I have read sections 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago Supervisor's Assistant 08/01/16
Sign Print Name Title (Month, Day, Year)

Comment: 

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   Area Code/Phone Number   E-mail
   (510) 272-6695   amy.shrago@acgov.org
   □ 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 $ __________
   Event Description A's vs. Rays
   Date(s) 07 / 23 / 16
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? No □ Yes X
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual (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
      Friday Night Live 3233 Market St,
      Oakland, CA 94608 to provide a safe env
      4
      To reward a school or nonprofit organization for its contributions
      to the community

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Amy Shrago
   Supervisor's Assistant
   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
   Email: sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Event Description: Football game
   Face Value of Each Ticket/Pass: $275 ticket/$35 parking
   Date(s): 09 / 01 / 16
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑
   If yes: Oakland Raiders
   Name of Source
   If no: Chan, Wilma
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
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<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>Elliot, Laura</td>
<td>3+1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>3+1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<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.
   Signed at agency level of signature: Sarah Oddie
   Supervisor's Assistant: 08.30.2016
   Print Name: ____________________________
   Signature: ____________________________
   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)
   Sarah Oddie
   Area Code/Phone Number: (510) 272-6693
   E-mail: sarah.oddie@acgov.org
   Date Stamp: ________/
   Amendment: [ ] Yes [ ] No
   (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? [ ] Yes [ ] No
   Face Value of Each Ticket/Pass $: 366.00
   Event Description: Drake
   Provide Title/Explanation: ________________________________
   Date(s): 09 / 13 / 16
   Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No
   If no: Golden State Warriors
   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>
<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>
<th>Ceremonial Role [ ] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lam, Marianne</td>
<td>4</td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I hereby certify under the penalties of laws 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: 09.13.2016

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 $366
Event Description Drake
Date(s) 09/14/16
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Golden State Warriors
If yes: Chan, Wiima
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Name of Source
Official's Name (Last, First)

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

<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>Gomez, Najla</td>
<td>1</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>
</tbody>
</table>

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

4. Verification
I, __________________________, undersigned, certify under penalty of perjury under the laws of 1894.1 and 1842. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie Supervisor's Assistant 08.03.2016
Print Name Title (Month, Day, Year)

Comment:
## 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 Drake
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? No ☑ Yes ☑
Face Value of Each Ticket/Pass $366.00
Date(s) 09 / 14 / 16
If no: Golden State Warriors
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
<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

#### C. Name of Outside Organization (include address and description)
<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>SoulCity - 16335 E. 14th St. San Leandro, CA 94578</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>To help underserved youth have an equal opp. to a life filled w/ purpose</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Sarah Oddie
Print Name

Supervisor’s Assistant
Title

09.13.2016
(Month, Day, Year)

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

A Public Document

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 $ 205-
Event Description Black Sabbath
Date(s) 09 / 15 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
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</th>
<th>(Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role ☐</td>
<td>Other ☐</td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐</td>
<td>Other ☐</td>
<td>Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Comm. Food Bank 7200 Edgewater Dr., Oakland 94621 2 To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distributes food to provide 540,000 meals/wk to hungry residents in AlCo To reward a school or nonprofit organization for its contributions to the community</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency head or Designee  Sarah Oddie Supervisor's Assistant 08.03.2016
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 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 $88
Event Description Sonu Nigam & Atif Aslam Live
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)
Date(s) 09 / 24 / 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>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td></td>
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<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>Building Futures for Women &amp; Children 1395 Bancroft Ave, San Leandro 94577</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>Housing &amp; homelessness services; manages a network of DV shelters</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

☐ Signature of Agility Head or Designee Sarah Oddie Supervisor's Assistant 08.03.2016
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

**Date Stamp**

**California Form 802**
For Official Use Only

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Face Value of Each Ticket/Pass** $88
- **Event Description** Sonu Nigam & Atif Aslam Live
  - **Provide Title/Explanation**
- **Date(s)** 09/22/16
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐
- **If no:** Golden State Warriors
  - **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>
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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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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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<tr>
<td></td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narika PO Box 7779, Berkeley CA 94707</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</td>
</tr>
</tbody>
</table>

**4. Verification**

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

Signature of Agency Head or Designee _____________________________
Print Name

Supervisor's Assistant _____________________________
Title

Date: 08.03.2016 (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
   Date Stamp
   California Form 802
   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 Baseball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A’s
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Chan, Wilma
   Official’s Name (Last, First)
   Date(s) 09/02/16

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 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
   I have read and understand EPPC 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 Sarah Oddie
   Supervisor's Assistant Title
   Print Name
   (Month, Day, Year) 08.31.2016
   Comment: ____________________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)