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

1. Agency Name
   Atameda 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. Cubs
   Date(s) 08 / 05 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual
      John Doe
      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:
   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
   09/01/16
   (Month, Day, Year)

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ ________ 32.00
   Event Description A's vs. Cubs
   Date(s) 08/07/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   If yes: Carson, Keith
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   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>Carson, Keith</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote tourism as a form of economic development</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have reviewed and confirmed 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
   09/01/16
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐  No ☒
   Event Description  A's vs. Orioles
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☒
   Was ticket distribution made at the behest of agency official?  No ☐  Yes ☒
   Face Value of Each Ticket/Pass $  27.00
   Date(s)  08 / 08 / 16
   If no:  Oakland A's
   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:
      Ceremonial Role  ☐  Other  ☐  Income  ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role  ☐  Other  ☐  Income  ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago  Supervisor's Assistant  09/01/16
   Print Name  Title  (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒
Event Description A's vs. Orioles
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If yes: Oakland A's
If no: Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Carson, Keith
Official's Name (Last, First)

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>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 (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>Alameda County Central Labor Council 7750 Pardee Ln #110, Oakland, CA 946</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 understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Supervisor's Assistant
09/01/16

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 ☑
   Event Description A’s vs. Orioles
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $ 27.00
   Date(s) 08 / 11 / 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.
   Describe the public purpose made pursuant to the agency’s policy

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Spencer, Scott</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Identification of the following:</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☑</td>
<td>Income ☐</td>
</tr>
<tr>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
<td></td>
</tr>
<tr>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev</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>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Central Labor Council 7750 Pardee Ln #110, Oakland, CA 946</td>
<td>2</td>
</tr>
<tr>
<td>Description of the purpose made pursuant to the agency’s policy</td>
<td></td>
</tr>
<tr>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   Regulations 18944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signed: amy, Shrago
   Print Name: amy.shrago
   Supervisor’s Assistant
   Title: 
   (Month, Day, Year) 09/01/16

   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
   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: __________

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. Mariners
   Date(s) 08 / 13 / 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 ☐
   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
   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 __________, sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago __________
   Supervisor's Assistant __________
   Print Name __________
   Title __________
   (Month, Day, Year) 09/01/16
   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
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   Area Code/Phone Number (510) 272-6695
   E-mail 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 ✗
   Event Description A's vs. Cubs
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ✗
   If no: Oakland A's
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $ 90.00
   Date(s) 08 / 05 / 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 18 To reward a County employee for his or her exemplary service to the public or to encourage staff development.

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

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

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   Print Name
   Title
   09/01/16 (Month, Day, Year)

Comment: ________________________________

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

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

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

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

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

Face Value of Each Ticket/Pass $ 27.00
Event Description A's vs. Indians
Provide Title/Explanation

Date(s) 08 / 22 / 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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOS Dist 5</td>
<td>2</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Description:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization <em>(include address and description)</em></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

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  
09/01/16

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [X]  
   Face Value of Each Ticket/Pass: $27.00
   Event Description: A's vs. Indians
   Date(s): 08 / 24 / 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:
   Spencer, Scott | 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

   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 have reviewed the information in FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   / ___________________________ / ___________________________ / 09/01/16
   Amy Shrago                     Supervisor's Assistant                     (Month, Day, Year)
   Print Name
   Title
   (Month, Day, Year)
   Comment: ___________________________
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- Alameda County
- Division, Department, or Region (If Applicable):
  - Board of Supervisors
- Designated Agency Contact (Name, Title):
  - Amy Shrago
  - (510) 272-6695
  - amy.shrago@acgov.org

### 2. Function or Event Information
- **Yes □  No x**
- **Face Value of Each Ticket/Pass $**: 42.00
- **Event Description**: Ringling Bros. and Barnum & Bailey Cir
  - Provide Title/Explanation:
- **Ticket(s)/Pass(es) provided by agency?**: Yes □  No x
  - **Date(s)**: 08 / 21 / 16
- **If no: Golden State Warriors**
  - **Name of Source**:
  - **If yes: Carson, Keith**
  - Official's Name (Last, First):

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

#### A. Name of Agency, Department or Unit
- **BOS Dist 5**
  - **Number of Ticket(s)/Pass(es)**: 5
  - **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)
- **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
- **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** [FFPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.]
- **Amy Shrago**
- **Supervisor's Assistant**
- **Signature**
- **Print Name**
- **Title**
- **Date**: 09/01/16

**Comment:**
### Agency Name
Alameda County  
Division, Department, or Region (If Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)
Amy Shrago

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

### Date of Original Filing
[Month, Day, Year]

### Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒  
Event Description: Ringling Bros. and Barnum & Bailey Circus  
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
$42.00

### Date(s)
08/22/16

### Name of Source
Golden State Warriors  
Official’s Name (Last, First)
Carson, Keith

### Recipients
- Use Section 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>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 (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>

#### 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>

### Verification
I have r  

[C] 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  
09/01/16 (Month, Day, Year)

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass $ 366.00
   Event Description Drake
   Date(s) 09 / 13 / 16 09 / 14 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   If yes: Carson, Keith
   Name of Source
   Official’s Name (Last, First)
   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**
   BOS Dist 5 4
   To reward a County employee for his or her exemplary service to the public or to encourage staff development
   BOS Dist 5 4
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

   **B. Name of Individual**
   **(Last, First)**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   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 PC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   _______ Amy Shrago Supervisor’s Assistant
   Designee Print Name Title
   (Month, Day, Year) 09/01/16

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 ☒
   Event Description Black Sabbath
   Face Value of Each Ticket/Pass $ 205.00
   Date(s) 09 / 15 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      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
      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
   Amy Shrago
   Supervisor's Assistant
   09/01/16
   (Month, Day, Year)
   Comment:

Regulations 18944.1 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
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number E-mail
(510) 272-6695 amy.shrago@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒
Event Description Raiders vs. Titans
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 $ 275.00
Date(s) 08/27/16
If no: Oakland Raiders
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>BOS Dist 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>

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

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

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

Amy Shrago
Supervisor's Assistant
Print Name
Title
09/01/16 (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 ☑

**Event Description**
Raiders vs. Chargers

*Provide Title/Explanation*

Face Value of Each Ticket/Pass $ 275.00

Date(s) 10 / 09 / 16

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

If no: Oakland Raiders

Name of Source

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

If yes: Carson, Keith

Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</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>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>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signed: ____________________________
Amy Shrago
(Print Name)
Supervisor’s Assistant
(Title)
10/13/16
(Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [X]
   Event Description Raiders vs. Chiefs
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Oakland Raiders
   If yes: Carson, Keith
   Face Value of Each Ticket/Pass $ 275.00
   Date(s) 10 / 16 / 16
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have n
   Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   S
   Amy Shrago
   Supervisor's Assistant
   10/13/16
   Signature
   First Name
   Title
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Event Description: Raiders vs. Bills
   Face Value of Each Ticket/Pass: $275.00
   Date(s): 12/04/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Raiders
   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
   BOS Dist 5 | 4 | To reward a County employee for his or her exemplary service to the public or to encourage staff development.

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   | Ceremonial Role ☐ Other ☐ Income ☐
   | 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 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
   Signatures:
   (Print Name)
   Title
   (Month, Day, Year)
   Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable):
   Board of Supervisors
   Designated Agency Contact (Name, Title):
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number: (510) 272-6691
   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 $890
   Event Description: Baseball
   Provide Title/Explanation
   Date(s): 9/23/16
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (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.
      Income □
      Ceremonial Role □ Other □
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   18944.1 and 18942.1 I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name: Signature: 9-22-16
   Title: (Month, Day, Year)

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

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

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☐ No ☐  
Face Value of Each Ticket/Pass $ 27.00  
Event Description Baseball  
Provide Title/Explanation  
Date(s) 9/20/16  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☐  
If no: Oakland Athletics  
Name of Source  
If yes: Alameda County Supervisor Scott Haggerty, District 1  
Official's Name (Last, First)

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

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

B. Name of Individual  
(First, Last)  
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  
Income ☐  
Ceremonial Role ☐  
Other ☐  
If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification  
I verify that the distribution set forth above, is in accordance with the requirements.  
Lee Ann Fergerson  
Print Name  
Supervisor's Assistant  
(Title)  
9/19/16  
(Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 222.00
Event Description
Raiders
Or provide Ticket/Pass(s) provided by agency?
Yes ☐ No ☐
Date(s)
9/18/16
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. Nonprofit Agency or Organization

B. Recipient Individual
Joe Bochella

C. Recipient Individual

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:
To Reward a school or nonprofit organization for its contributions to the community.

4. Verification
I have verified that the distribution set forth above, is in accordance with the requirements.
Lee Ann Ferguson
Fiscal Name
Supervisor's Assistant
Title
9-16-16
(Month, Day, Year)

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Event Description Baseball Suite
   Face Value of Each Ticket/Pass $98.00
   Date(s) 9/2/16
   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.
      - To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales

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

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

   Lee Ann Ferguson
   Supervisor's Assistant
   (Month, Day, Year)

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

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

   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail: lbeann.fergerson@acgov.org

2. Function or Event Information
   Face Value of Each Ticket/Pass $ 36.00
   Event Description
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Date(s) 9/14/16
   Name of Source Alameda County Supervisor Scott Haggerty, D, 1
   Was ticket distribution made at the behest of agency official? Yes □ No □

3. Recipients
   Name of Recipient Anel Ameshca
   Number of Tickets 4
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales

4. Verification
   944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson Supervisor's Assistant 9/5/16
   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)
   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 $ 360.00
   Event Description Drake & The Future
   Date(s) 9/13/16
   Event Description (Provide Text/Explanation)
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If yes, Name of Source
   Alameda County Supervisor Scott Haggerty, D-1
   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.
   Number of Recipients (Total)
   Number of Invitation Issued
   Use Section C to identify an outside organization.
   Number of Invitation Issued
   Number of Invitations Sent
   Number of Invitations Accepted
   Number of Invitations Attended
   Number of Invitations Declared
   Canonically Related ☐ Other ☐
   Do you certify that the public purpose of the event is consistent with the agency's policy?
   For your reference, California Public Records Act, Section 4 of the Act, requires a statement of the public purpose of the event or the event's consistency with the agency's policy.
   (If checking "Canonically Related" or "Other" describe below):

4. Verification
   I, the undersigned, certify that I have verified that the distribution set forth above is in accordance with the requirements.
   Lee Ann Fergerson, Supervisor's Assistant
   Title
   Date (Month, Day, Year) 9/16/16
   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)

2. Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Supervisor’s Assistant
Area Code/Phone Number (510) 272-6611
E-mail leeann.fergerson@acgov.org

3. Event Information
Does the agency have a ticket policy? Yes☐ No☐
Face Value of Each Ticket/Pass $800
Event Description (Provide Tara/Explanat) Sama Nigam and Atif Aslam
Date(s) 9/24/16
Ticket(s)/Pass(es) provided by agency? Yes☐ No☐
If no: GSW

4. Recipients
A. Name of the Requestor:
Number of Requestors: 1

5. Additional Information
B. Name of Recipient:
Anu Natanajan
Number of Tickets: 4

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

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Supervisor's Assistant
Area Code/Phone Number  E-mail
(510) 272-8691  leean.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description  Raiders Football
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 202.00
Date(s)  9/1/16
If no:  CSU

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

<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></td>
<td></td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</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
9944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson  Supervisor's Assistant
Print Name  Title  9-15-16
(Month, Day, Year)

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

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

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

**2. Function or Event Information**
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 80.00
Event Description Oakland A's vs. Houston Astros
Date(s) 09 / 21 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: 
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
If yes: 
Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

**B.** Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
---|---|---
Barry Kaminsky | 6 | Ceremonial Role ☐ Other ☑ Income ☐
To reward a community volunteer for his service to the public.
Jim O'Laughlin | 6 | Ceremonial Role ☐ Other ☑ Income ☐
To reward a community volunteer for his service to the public.

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

**4. Verification**

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
9/29/16 (Month, Day, Year)

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

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

3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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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>Shirley Kaminsky</td>
<td>3</td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td>Pat O'Laughlin</td>
<td>3</td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
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</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)
   Nancy Sa
   Area Code/Phone Number (510) 272-6692
   E-mail nancy.sa@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 80
   Event Description Oakland A's vs. Houston Astros
   Event Description Provide Title/Explanation
   Date(s) 09 / 19 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

   **A. Name of Agency, Department or Unit**
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   
   **B. Name of Individual (Last, First)**
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   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
   
   Our Lady of the Rosary
   703 C Street Union City, CA 94587
   18
   To reward a non-profit organization for its contributions to the community.
   Supports local charities through fundraisers

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

   Signature of Agency Head or Designee
   Nancy Sa
   Supervisor's Assistant
   Print Name
   Title
   9/29/16
   (Month, Day, Year)

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

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

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact: 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 Texas Rangers
   - Face Value of Each Ticket/Pass $38
   - Date(s): 09/23/16, 09/24/16
   - 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? Yes ☒ No ☐
   - If yes: Valle, Richard - Supervisor District 2
   - Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Duprey Tom</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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>
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<td></td>
</tr>
</tbody>
</table>

4. **Verification**
   - As 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: Supervisor's Assistant
   - Date: 09/29/16 (Month, Day, Year)

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

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

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 $ ______________ 38
Event Description Oakland A's vs Texas Rangers
Provide Title/Explanation
Date(s) 09 / 25 / 16 __________/________/________
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Athletics
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

B. Name of Individual
(Cert. 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 obtain oversight of facilities that have received County funding

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, 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
Print Name
Title
09/29/16 (Month, Day, Year)

Comment: ________________________________________________________________________________________

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nancy Sa

   Area Code/Phone Number E-mail
   (510) 272-6892 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 $ 90
   - Event Description: Oakland A’s vs Texas Rangers
   - Date(s): 09/23/16
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - If no: Oakland Athletics
   - Name of Source
   - Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   - If yes: Valle, Richard- Supervisor District 2
   - Official’s Name (Last, First)

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

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

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

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

4. Verification
   I, Nancy Sa, Supervisor’s Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature or agency head or designee: Nancy Sa
   Print Name: Nancy Sa
   Supervisor’s Assistant
   (Month, Day, Year)
   09/29/16

Comment: ________________________________

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: Oakland A's vs. Houston Astros
Date(s): 9/19/16, 9/21/16
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass: $30
Name of Source: Oakland Athletics
Official's Name (Last, First): Valle, Richard-Supervisor District 2

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
<td></td>
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<td>Ceremonial Role ☑ Other ☑ Income ☐</td>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hayward Demos 27287 Patrick Ave. Hayward CA 94544</td>
<td>2</td>
<td>To reward a non-profit organization for its contribution to the community.</td>
</tr>
</tbody>
</table>
To encourage people and volunteers to get out to vote

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
Signature of Agency Head or Designee: Supervisor's Assistant
Print Name: Title
Date: 9/27/16

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)
   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. Seattle Mariners
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $30
   Date(s) 9 / 11 / 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nate, Glenn</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>2</td>
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</thead>
<tbody>
<tr>
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</table>

4. Verification
   Pursuant to 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 9/27/16
   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)
   Nancy Sa
   E-mail: nancy.sa@acgov.org
   Area Code/Phone Number: (510) 272-6692
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 30
   Event Description: Oakland A's vs. Seattle Mariners
   Date(s): 9 / 9 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   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
         Number of Ticket(s)/Pass(es)
         Identify one of the following:
         Ceremonial Role ☐ Other ☒ Income ☐
         If checking "Ceremonial Role" or "Other" describe below:
         To reward a community volunteer for his service to the public.

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

4. Verification
   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
   (Month, Day, Year)

Comment: ________________________________

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Oakland A's vs. Seattle Mariners
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $30
   Date(s) 9/10/16
   If no: Oakland Athletics
   Name of Source: Valle, Richard - Supervisor District 2
   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 ☐
      Income ☐
      To reward a community volunteer for his service to the public.

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/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.
   ____________________________  ____________________________  9/27/16
   Signature of Agency Head or Designee  Nancy Sa  Supervisor's Assistant
   Print Name  Title
   (Month, Day, Year)
   Comment: ____________________________
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 Black Sabbath
   Face Value of Each Ticket/Pass $ __________ 205
   Date(s) 9 / 15 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   If yes: 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.

   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:
      Young, Aaron
      4
      To reward a community volunteer for his service to the public.

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

4. Verification
   I hereby state that the information provided is true and correct. I have verified that the distribution set forth above, is in accordance with the requirements.
   Nancy Sa
   Supervisor's Assistant
   9/27/16

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)
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 Sonu Nigam and Atif Aslam
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 $ 88
Date(s) 9 / 24 / 16
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit

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

B. Name of Individual
(Last, First)

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☑ Income ☐</th>
</tr>
</thead>
</table>

Flores, Fidel
4

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

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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
</table>

4

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 Nancy Sa Supervisor's Assistant 9/27/16
Print Name Title
(Month, Day, Year)

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

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

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 $ __________ 80
Event Description Oakland A's vs. LA Angels
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 9/7/16
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:

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

Hispanic Community Affairs Council, P. O. Box 3151 Hayward, CA 94540
18
To reward a non-profit organization for its contributions to the community
Promotes Latino/Hispanic communities

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
9/27/16 (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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. LA Angels
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 30
   Date(s) 9 / 7 / 16
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)
   Name of Source

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

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

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

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

4. Verification
   Ins 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Nancy Sa
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)
   9/27/16

Comment: 

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

1. Agency Name
Alameda County

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

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

Date Stamp
California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 30
Event Description Oakland A's vs. LA Angels
Date(s) 9 / 6 / 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)

3. Recipients
- Use Section 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
Community Development Agency

Number of Ticket(s)/Pass(es) 2
Describe the public purpose made pursuant to the agency's policy
To reward a County employee for his exemplary service to the public.

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:

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 (Month, Day, Year)

Comment: 

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

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

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

Date Stamp

A Public Document
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 Raiders vs. Seahawks
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 $ 275
Date(s) 9 / 1 / 16
If no: Oakland Raiders
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

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

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

Avila, Gabriel 3
Ceremonial Role ☐ Other ☑ Income ☐
To reward a community volunteer for his service to the public.

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

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

Signature of agency head or designee
Nancy Sa
Print Name
Supervisor’s Assistant
9/27/16
Title
(Month, Day, Year)

Includes 1 parking pass at the value of $35.

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

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 Raiders vs. Falcons
  Face Value of Each Ticket/Pass $275
  Date(s) 9/18/16
  Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
  If no: Oakland Raiders
  Name of Source
  If yes: Valle, Richard Supervisor District 2
  Official's Name (Last, First)

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

<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>Christy, Victor</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<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  
Print Name  
Supervisor’s Assistant  
Title  
Date of Original Filing: (Month, Day, Year) 9/27/16

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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: Drake: Summer Sixteen Tour
   Date(s): 9 / 14 / 16
   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

3. Recipients
   • Use Section 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:
      Ramirez, Steffany
      4
      To reward a community volunteer for her service to the public.

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

4. Verification
   I have read and understood FPPC Provisions 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
   Date: 9/27/16

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)
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 Drake: Summer Sixteen Tour
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
Date(s) 9 / 13 / 16
If no: Golden State Warriors
If yes: Valle, Richard- Supervisor District 2
Name of Source
Official’s Name (Last, First)

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

B. Name of Individual
(Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☒ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
Anderson, Christy
4
To reward a community volunteer for her service to the public.

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

4. Verification
I 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 9/27/16
(Month, Day, Year)

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 $ ________ $32
Event Description Baseball game
Provide Title/Explanation
Date(s) 09 / 03 / 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)
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.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hunt, Michael</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Name of Outside Organization (include address and description)</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Sarah Oddie
Print Name: 
Title: Supervisor's Assistant
Date: 09.06.2016 (Month, Day, Year)

Comment: 
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
# Agency Report of:

## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name

- **Alameda County**
- **Division, Department, or Region (If Applicable):** Board of Supervisors
- **Designated Agency Contact (Name, Title):** 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:**
- **Date(s):** 09 / 04 / 16
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
- **If yes:** Chan, Wilma
- **Name of Source:** Oakland A's
- **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:

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

#### 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 19644.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

- **Sarah Oddie**
- **Supervisor’s Assistant**

Print Name: ____________________
Title: ____________________
(Month, Day, Year): 08.31.2016

Comment: ____________________

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 90 ticket/$20 parking
Event Description Baseball game
Provide Title/Explanation
Date(s) 09 / 05 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland A's
If yes: Chan, Wilma
Was ticket distribution made at the behest of agency official?
No ☐ Yes ☑

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

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:

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
08.03.2016
(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 $ 90 ticket/$20 parking
Event Description Baseball game Date(s) 09/05/16
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>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>Ikeda, Roy</td>
<td>5+1p</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>
<tr>
<td></td>
<td>5+1p</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Signed or agency official assigned: Sarah Oddie
Print Name
Supervisor's Assistant
Title
Date (Month, Day, Year) 09.07.2016

Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: Baseball game
Face Value of Each Ticket/Pass $90 ticket/$20 parking
Date(s): 09/05/16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: "Oakland A's"
If yes: "Chan, Wilma"
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

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

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

Signature of Agency Head or Designee
Sarah Oddie
Supervisor’s Assistant
09.07.2016
Print Name
Title
(Month, Day, Year)

Comment:

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

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

   □ 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 $ 32
   Event Description Baseball game
   Date(s) 09 / 05 / 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?  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.

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

<table>
<thead>
<tr>
<th>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  Sarah Oddie  Supervisor's Assistant  09.07.2016
   Date of Original Filing: (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

   □ 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
   Event Description: Baseball game
   Date(s) 09 / 07 / 16
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   if no: Oakland A’s
   Was ticket distribution made at the behest of agency official?  Yes ☒ No ☐
   if yes: Chan, Wilma

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

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

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

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOS/Meals on Wheels, 2235 Polvorosa Ave, San Leandro, CA 94577</td>
<td></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>Deliver nutritious, balanced meals to homebound seniors</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have 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
   (Month, Day, Year)

   Comment: [Signature]

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: Baseball game
- Face Value of Each Ticket/Pass $ 27
- Date(s): 09 / 09 / 16
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- If no: Oakland A's
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
- If yes: Chan, Wilma

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identity one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elliott, Laura</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

**4. Verification**

I have read and understood FPPC Regulations 1944.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Sarah Oddie

Print Name: Sarah Oddie

Supervisor's Assistant: 08.12.2016

Print Name: Sarah Oddie

Title: Supervisor's Assistant

(Month, Day, Year)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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
   Date(s) 09 / 10 / 16
   Face Value of Each Ticket/Pass $ 27

   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:
      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 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: 09.07.2016
   (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) 09/11/16
   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:
      Ceremonial Role ☐  Other ☐  Income ☐
      If checking "Ceremonial Role" or "Other" describes 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 FPPC Regulations 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee  Sarah Oddie  Supervisor's Assistant  09.07.2016
   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
   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 Baseball game
   Face Value of Each Ticket/Pass $ 27
   Date(s) 09 / 19 / 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:
   Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   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
   09.23.2016 (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 [x] No [ ]  
- **Event Description** Baseball game  
- **Face Value of Each Ticket/Pass** $80 ticket/$20 parking  
- **Date(s)** 09/20/16  
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]  
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

**If no:** Oakland A's  
**Name of Source** Chan, Wilma  
**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  
<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  
| Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
|----------------------------------|-----------------------------|--------------------------------|
| Keener, Paul                     | 3+1p                        | 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:  
|                                  |                             | 3+1p  

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

### 4. Verification

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

**Signature of Agency Head or Designee**  
**Print Name**  
**Title**  
**Date** 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

Date Stamp
A Public Document
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ❑ No ❑
Event Description Baseball game
Face Value of Each Ticket/Pass $ S80/$20 parking
Date(s) 09 / 20 / 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)
Was ticket distribution made at the behest of agency official? No ❑ Yes ❑

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lum, Arlene</td>
<td>9+2p</td>
<td>Ceremonial Role ❑ Other ❑ Income ❑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>9+2p</td>
<td>Ceremonial Role ❑ Other ❑ Income ❑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and 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
Signature of Agency Head or Designee: Sarah Oddie
Print Name: Supervisor’s Assistant: 09.07.2016
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
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - Sarah Oddie
   - Area Code/Phone Number: (510) 272-6693
   - E-mail: sarah.oddie@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Event Description: Baseball game
   - Face Value of Each Ticket/Pass: $80
   - Date(s): 09 / 20 / 16
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - If yes: Oakland A's
   - Name of Source: Chan, Wilma
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

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

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Sarah Oddie: Supervisor's Assistant
   - Print Name: Title
   - Date (Month, Day, Year): 09.07.2016

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

   □ 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 Baseball game
   Face Value of Each Ticket/Pass $80 ticket/$20 parking
   Date(s) 09/20/16
   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
      (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:
      2+p
      To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...
      2+p
      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 Requisitions 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
   09.23.2016
   (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  E-mail
(510) 272-6993     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 $27
- Event Description: Baseball game
- Date(s): 09 / 20 / 16
- Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
- If no: Oakland A's
- Was ticket distribution made at the behest of agency official?  Yes ☑ No ☐
- If yes: Chan, Wilma

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desseaux, Tess</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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

Signature of agency head or designee: __________________________
Print Name: Sarah Oddie
Title: Supervisor's Assistant
Date: 09.23.2016

Comment: __________________________

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

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

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☑ No ☐  
Face Value of Each Ticket/Pass $ 27  
Event Description Baseball game  
Date(s) 09 / 21 / 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>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda Meals on Wheels</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>516 Willow St., Alameda, CA 94501</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deliver nutritious, balanced meals to homebound seniors</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 Signature or Agency Seal or Designee  
Supervisor's Assistant Print Name Title  
09.07.2016 (Month, Day, Year)  
Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $32
Event Description Baseball game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 09/23/15
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
<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 (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orput, Jennifer</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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
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 _________________________________________________________
(Month, Day, Year) 08.01.2016

Comment: ____________________________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 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):** 09 / 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):**

### 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**

  - **Geisner, Ben**
    - 3
    - 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

### 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**
  - Print Name
  - Supervisor’s Assistant
  - Title
  - 09.23.2016
  - (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 32
Event Description Baseball game
Date(s) 09 / 24 / 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.

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<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<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>Gardner, Linda</td>
<td>2</td>
<td>income ☐ Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>income ☐ Ceremonial Role ☐ Other ☐</td>
</tr>
</tbody>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Signed: Sarah Oddie
Print Name
Supervisor's Assistant
Title
Date of Original Filing: 08.01.2016
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 $ $32
   Event Description Baseball game
   Date(s) 09 / 25 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Chan, Wilma

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

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<tr>
<td>Winefield, Richard</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<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></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie
Supervisor's Assistant
09.30.2016

Signature of Agency Head or Designee
Print Name
Title

Comment: