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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td></td>
</tr>
<tr>
<td>Division, Department, or Region (if Applicable)</td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
</tr>
<tr>
<td>Lee Ann Fergerson, Supervisor’s Assistant</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
</tr>
<tr>
<td>(510) 272-6691</td>
<td><a href="mailto:leeann.fergerson@acoegov.org">leeann.fergerson@acoegov.org</a></td>
</tr>
</tbody>
</table>

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

### 3. Recipients

- Use Section A to Identify the agency’s department or unit.
- Use Section B to Identify an Individual.
- Use Section C to Identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Recipient/Department</th>
<th>Number of Items (tickets/passes)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B. Name of Recipient/Individual</th>
<th>Number of Items (tickets/passes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Organization</th>
<th>Number of Items (tickets/passes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Street Ale House</td>
<td>4/4</td>
</tr>
</tbody>
</table>

- To reward a school or non-profit organization for its contributions to the community.

### 4. Verification

19544.1 and 19942. I have verified that the distributions set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Lee Ann Fergerson
Signature of Supervisor’s Assistant: [Signature]

Date: 10/14/11

**Comment:**

- [Handwritten: Rooms of Hope 2016 - Raising funds for a 12 year old boy who was diagnosed with leukemia.]
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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

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

Date Stamp
California Form 802
For Official Use Only

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

Face Value of Each Ticket/Pass $1350

Event Description
Warriors
Provide Title/Explanations

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

Date(s) 10/25/16
If no:

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

If yes:

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

Alameda County Supervisor Scott Haggerty, D 1
Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>
| S.A.V.E.
Safe Alternatives to violent
environments
1900 Muir Ave., Ste 201, Fremont, CA 94538
To Reward a school or nonprofit organization for its contributions to the community. |
| 20/4                                                             |                          |                                                               |

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

Lee Ann Fergerson, Supervisor's Assistant

Comment: For a fundraiser to help raise funds to care for women & children by providing shelter, counseling, other needs and escape their current abusive situations
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Lee Ann Fergerson, Supervisor's Assistant
   (510) 272-8691 leeanne.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Warriors/Portland
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $675.00
   Date(s): 10, 21, 16
   If no: GW
   Name of Source: Alameda County Supervisor Scott Haggerty, D 1
   If yes: Official's Name (Last, First)

3. Recipients
   • Use Section A to Identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit | Number of Tickets/Passes | Describe the public purpose made pursuant to the agency's policy
   B. Name of Individual | Number of Tickets/Passes | Identify one of the following:
   Megan Lewis | 4 | 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 Tickets/Passes | Describe the public purpose made pursuant to the agency's policy

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Lee Ann Fergerson | Supervisor's Assistant
   Print Name | Title
   Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-8691
   E-mail leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description DIZONICE
   Face Value of Each Ticket/Pass $ 55.50
   Date(s) 10.28.16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: ☑
   Name of Source Name of Source
   If yes: ☐
   Alameda County Supervisor Scott Haggerty, D 1
   Officials Name (Last, First)

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

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

   B. Name of Individual
      Number of Tickets/Passes
      Identify one of the following:
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   944.1 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
   (Month, Day, Year) 10/25/15

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

### 1. Agency Name

- **Alameda County**

### Board of Supervisors

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

- **Area Code/Phone Number**: (510) 272-6881
- **E-mail**: leeann.fergerson@acgov.org

### 2. Function or Event Information

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

- **Event Description**: Drink on Ice

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

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

- **Face Value of Each Ticket/Pass $** 50.50

- **Date(s)**: 10.26.16

- **If no:**

- **Name of Source**: Alameda County Supervisor Scott Haggerty, D 1

### 3. Recipients

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

#### A. Agency Department/Unit

- **Name of Agency Department/Unit**: District 2

- **Generalized Role**: To reward a County employee for his or her exemplary service to the public or to encourage staff development

#### B. Individual

- **Name of Recipient**:

- **Generalized Role**:

- **Other**:

#### C. Non-Governmental Organization

- **Non-Governmental Organization Name and Address**:

- **Generalized Role**:

- **Other**:

### 4. Verification

- **Signature of Agency Head or Designee**: Lee Ann Fergerson
- **Supervisor's Assistant Title**:

- **Date**: 10/26/16

- **Comment**:

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, Supervisor's Assistant
   Area Code/Phone Number (610) 272-6691
   E-mail leeann.fergerson@ecgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Warriors/Raptors
   Face Value of Each Ticket/Pass $ 125.00
   Date(s) 12, 28, 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   Name of Source Alameda County Supervisor Scott Haggerty, D 1
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Alameda County Supervisor Scott Haggerty, D 1
   Official's Name (Last, First)

3. Recipients
   Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.
   A. Name of Agency/Department/Unit
      Number of Tickets/Passes
      Ceremonial Role ☐ Other ☐ Income ☐
      To reward a county employee for his or her exemplary service to the public.

   B. Name of Individual
      Number of Tickets/Passes
      Ceremonial Role ☐ Other ☐ Income ☐
      if checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      Number of Tickets/Passes
      Ceremonial Role ☐ Other ☐ Income ☐
      To reward a school or non-profit organization for it's contributions to the community.

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Lee Ann Ferguson
   Supervisor's Assistant
   Print Name
   Title
   Date 12/25/16
   Comment: Raffle for solidarity fund & hardship fund

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) 272-5691
   E-mail: leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: Warriors
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   Face Value of Each Ticket/Pass: $1,000
   Date(s): 11/28/16
   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 Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets/Passes</th>
<th>Identify one of the following:</th>
<th>Ceremonial Role [ ] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tri-Valley Conservancy</td>
<td>4/1</td>
<td>To Reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>1457 First St, Livermore, CA, 94550</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I, Lee Ann Fergerson, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature: Lee Ann Fergerson
   Print Name: Lee Ann Fergerson
   Date: 10/25/16
   (Month, Day, Year)

   Comment: Preserve land, connect communities, enrich life. Auction item for fundraiser.
Agency Report of:
Ceremonial Role 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) 272-5681
E-mail leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [X]
Face Value of Each Ticket/Pass $ 1,000
Event Description "One-time/Phony"
Date(s) 11/13/10
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
If no: [G-SW]
Name of Source
Alameda County Supervisor Scott Haggerty, D 1
If yes:
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Agency Department/Program Name</th>
<th>Individual</th>
<th>Outside Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. Name of Agency Department or Unit
B. Name of Individual
C. Name of Outside Organization

Ceremonial Role [ ] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

TRI-CITY ELDER'S COALITION
City of Fremont
3300 Capital Ave
Fremont CA 94536

4. Verification
1994.41 and 1994.2. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson, Supervisor's Assistant
Signature of Agency Head or Designee

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

Comment: To raise funds for Homebound seniors

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number | E-mail
   (510) 272-8691 | leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? [ ] Yes ☐ No ☐
   Face Value of Each Ticket/Pass $55.50
   Event Description: DISMOUNT ICE
   Date(s) 10/29/10
   Ticket(s)/Pass(es) provided by agency? [ ] Yes ☐ No ☐
   If no: ☐
   Name of Source
   Alameda County Supervisor Scott Haggerty, D 1
   Was ticket distribution made at the behest of agency official? [ ] No ☐ Yes ☐
   If 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>Name of Agency, Department or Unit</th>
<th>Number of Tickets/Passes</th>
<th>Describing 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 Tickets/Passes</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>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

   4. Verification
   685 E. Jack London Pl, Livermore, CA 94550
   8844.1 and 8842. I have verified that the distribution set forth above is in accordance with the requirements.
   [ ] Yes ☐ No ☐
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Supervisor's Assistant
   Comment: School Fundraiser
   Date 10/23/10
   (Month, Day, Year)

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

   Date Stamp
   California Form
   802
   For Official Use Only

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 27.00
   Event Description: Oakland A's
   Date(s) - 9/17/16, 9/11/16
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: ☐
   Name of Source
   Alameda County Supervisor Scott Haggerty, D 1
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Official’s Name (Last, First)

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

   A. Name of Agency, Department, or Unit
   Number of Tickets/Passes
   Public purpose made pursuant to the agency’s policy

   B. Name of Individual
   Number of Tickets/Passes
   Identify one of the following:
   ☐ To promote attendance at a county sponsored event in order
   ☐ to maximize potential county revenue for concession and
   ☐ parking sales.
   ☐ Ceremonial Role ☐ Other ☐ Income ☐

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

   C. Name of Outsider Organization
   Number of Tickets/Passes
   Public purpose made pursuant to the agency’s policy
   ☐ To reward a school or non-profit organization for
   ☐ its contributions to the community.

4. Verification
   Signature of Agency Official authorizing event:
   Lee Ann Ferguson Supervisor’s Assistant
   10/25/16

Comment:
School Fundraiser

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: [Start of event description]
   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 $1000
   Date(s) 11/13/16
   Name of Source: Alameda County Supervisor Scott Haggerty, D1
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit | Number of Tickets/Passes | Describe the public purpose made pursuant to the agency’s policy
   [Blank line]
   [Blank line]

   B. Name of Individual | Number of Tickets/Passes | Identify one of the following:
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. ☐
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   [Blank line]

   C. Name of Outside Organization | Number of Tickets/Passes | Describe the public purpose made pursuant to the agency’s policy
   Livermore Valley Joint Unified School Dist. 4
   To reward a school or non-profit organization for its contributions to the community.
   [Blank line]

4. Verification
   Signature of Agency Head or Designee: Lee Ann Fergerson
   Supervisor’s Assistant: [Print Name] [Title]
   Date: 10/26/16 (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-7772)
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   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number E-mail
   (510) 272-8691  leeanne.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [ ] No [ ]
   Event Description: [Provide Title/Explanation]
   Face Value of Each Ticket/Pass $ 99.75
   Date(s): 10/10/16
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: [ ]
   Name of Source: Alameda County Supervisor Scott Haggerty, D1
   Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]
   If yes: [ ]
   Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit.  * Use Section B to identify an individual.  * Use Section C to identify an outside organization.
   
   A. Name of Agency, Department or Unit | Number of Tickets/Passes | Describe the public purpose made pursuant to the agency's policy
   
   B. Name of Individual | Number of Tickets/Passes | Identity one of the following:
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
   Ceremonial Role [ ] Other [ ] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   1944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Lee Ann Fergerson
   Supervisor's Assistant: [Print Name]
   Title: [ ]
   Date (Month, Day, Year): 10/20/11

Comment: [ ]

A Public Document
California Form 802
For Official Use Only

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (656/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Event Description: Amy Schumer
Face Value of Each Ticket/Pass $125.00
Date(s): 10, 20, 16
Ticket(s)/Pass(es) provided by agency? Yes □ No □
Was ticket distribution made at the behest of agency official? No □ Yes □

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donita Bryan</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Out-of-Organization</th>
<th>Number of Tickets/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Lee Ann Fergerson
Title: Supervisor's Assistant
Date: 10/20/16

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-5691
   E-mail leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? [ ] Yes [ ] No
   Event Description [ ]
   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 $126.00
   Date(s) 10/16/16
   Name of Source [ ]
   Official’s Name (Last, First) Scott Haggerty, D 1

3. Recipients
   A. Name of Agency, Department or Unit [ ]
      Number of Tickets/Passes [ ]
      Describe the public purpose made pursuant to the agency’s policy [ ]
   B. Name of Individual [ ]
      Number of Tickets/Passes [ ]
      Identify one of the following: To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
   C. Name of Other Organization (include address and description) [ ]
      Number of Tickets/Passes [ ]
      Describe the public purpose made pursuant to the agency’s policy [ ]

4. Verification
   [ ]
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Supervisor’s Assistant
   Print Name
   Title
   Date 10/14/16
   Comment:
   14.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Ferguson, Supervisor's Assistant
Area Code/Phone Number (510) 272-5681
E-mail leeann.fergerson@acgov.org

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description Warriors Game
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
Face Value of Each Ticket/Pass $1000.00
Date(s) 11/29/16
If no: Name of Source
If yes: Official's Name (Last, First)

Alameda County Supervisor Scott Haggerty, D 1

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

A. Name of Department/Unit

Number of Recipients (100)

Motivation for public support in accordance with the agency's policy:

B. Name of Individual

Number of Recipients (100)

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

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

C. Name of Outside Organization

Number of Recipients (100)

Motivation for public support in accordance with the agency's policy:

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

4. Verification
1994:1 and 1994:2, I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson
Supervisor's Assistant

(Pilot Name) (Title) (Month, Day, Year)

Comment: Annual Fall Festival Fundraiser

Elementary School

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) 272-9691
E-mail leean.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Event Description [Warriors]
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 $800.00
Date(s) 12.3.16
If no: [SSW]
Name of Source
Alameda County Supervisor Scott Haggerty, D1
Official's Name (Last, First)

3. Recipients
A. Non-Federal Governmental Unit
Number Provided
Number Exchanged

Number Provided
Number Exchanged

Number Provided
Number Exchanged

Ceremonial Role [ ] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

Ceremonial Role [ ] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

Dublin Partners in Education [ ]
Number [41]

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

4. Signature of Agency Head or Designee
Lee Ann Fergerson
Supervisor's Assistant

Comment: Celebrity Winter Fundraising Event

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

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

2. Function or Event Information
Does the agency have a ticket policy? [ ] Yes [ ] No
Face Value of Each Ticket/Pass $1,000.00
Event Description [ ] Warriors [ ] Suns
Provide Title/Explanation
Date(s) 12-3-16
Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No
If no: GSW
Name of Source Alameda County Supervisor Scott Haggerty, D1
Was ticket distribution made at the behest of agency official? [ ] No [ ] Yes
If yes: Alameda County Supervisor Scott Haggerty, D1

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

A. Name of Agency/Department/Unit [ ]
Name of Ticket/Pass [ ]
Accounting/Financial Department [ ]

ticket/pass is provided in accordance to the agency's ticket/pass policy.

B. [ ]
Name of Individual
Number of Tickets/Passes
Ceremonial Role [ ] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization [ ]
Number of Tickets/Passes
Ceremonial Role [ ] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:
Friends of Children with Special Needs FCSN
2300 Peralta Blvd., Fremont, CA 94536

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

4. Verification
18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Lee Ann Fergerson Supervisor's Assistant
Print Name Title
(510) 272-6691

Comment: To help people children w families with special needs

FPPC Form 802 (4/11s)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7773)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [] No []
   Event Description [Warriors Game]
   Face Value of Each Ticket/Pass $ 1700
   Date(s) 11/26/16
   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: Name of Supervisor or Official's Name (Last, First)
   Alameda County Supervisor Scott Haggerty, D1

3. Recipients
   Use Section A to identify the agency's department or unit.
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.
   A.
   Name of Recipient/Department/Unit
   Alameda County D.A.
   Young Women's Saturday Program
   Number of Tickets
   2
   Description of purpose (must be consistent with this agency's policy)
   To reward a county employee for his or her exemplary service to the public

   B.
   Name of Individual
   Ceremonial Role
   Income
   Other

   C.
   Name of Outside Organization
   Ceremonial Role
   Income
   Other
   Description of purpose (must be consistent with this agency's policy)

4. Verification
   Yes 1884.1 and 1894.2, I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson
   Supervisor’s Assistant
   Title
   Date 10/04/16

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)
   Lee Ann Ferguson, Supervisor's Assistant

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

   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description
   Dixie Chicks
   Provides Title/Explanation
   Face Value of Each Ticket/Pass $89.50
   Date(s) 10-7-14
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: ____________________________
   Name of Source
   Alameda County Supervisor Scott Haggerty, D 1
   Official's Name (Last, First)

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

   A. Name of Recipient/Department/Unit: Scott Haggerty
      Number of Tickets Provided: 4
      Ticket/Pass Information: Received in accordance with agency policy. To obtain oversight of facilities or events that have received county funding or support

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

   C. Name of Outside Organization: ____________________________
      Number of Tickets Provided: ____________________________
      Associated with Public Information pursuant to the agency policy: ____________________________

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Warriors
   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 $175.00
   Date(s) 11/7/16
   Name of Source Alameda County Supervisor Scott Haggerty, D1
   Official's Name (Last, First)

3. Recipients
   A. Name or Name of Department/Unit:
   B. Name Individual:
   C. Name of Organization (Include City and County Description):
      Pleasanton Crushers
      To reward a school or non-profit organization for its contributions to the community.

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

   Lee Ann Fergerson  Supervisor's Assistant
   Print Name Title
   (Month, Day, Year)
   Comment: To help finance supplies for Livermore Little League.
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

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

## 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 [x] No [ ]
- **Face Value of Each Ticket/Pass $**: 55.50
- **Event Description**
  - Disney on Ice - Passport to Adventure
  - **Provide Title/Explanation**
- **Date(s)**
  - 10 / 29 / 16
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If no:**
  - **Name of Source**
  - Golden State Warriors
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **If yes:**
  - **Name of Source (Last, First)**
  - Valle, Richard - Supervisor District 2

## 3. Recipients

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

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

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

### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonzalez, Catalina</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [x] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

### C. Name of Outside Organization

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

## 4. Verification

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

- **Signature of agency head or representative**
  - Nancy Sa  
  - Supervisor's Assistant  
  - 10/27/16

- **(Month, Day, Year)**

- **Comment:**

---

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy?   Yes ☒ No ☐
   Event Description Disney on Ice - Passport to Adventure
   Face Value of Each Ticket/Pass $ 55.50
   Date(s) 10 / 30 / 16
   Ticket(s)/Pass(es) provided by agency?   Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      Gonzalez, Michele
      4
      If checking “Ceremonial Role” or “Other” describe below:
      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
   Supervisor’s Assistant
   10/25/16
   (Month, Day, Year)

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Disney on Ice - Passport to Adventure
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Date(s) 10 / 28 / 16
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $ 55.50

3. Recipients
   * Use Section A to identify the agency's department 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
   Ruby's Place; 1180 B St, Hayward, CA 94541 4 To reward a nonprofit for its contributions to the community.
   Provides shelter and supportive services to families and individuals

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Nancy Sa
   Supervisor's Assistant
   Print Name
   Title
   Date (Month, Day, Year) 10/25/16

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  
Disney on Ice - Passport to Adventure  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  
If no:  
Golden State Warriors  
Name of Source  
If yes:  
Valle, Richard- Supervisor District 2  
Official's Name (Last, First)  

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

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

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

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

<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>FESCO; 21455 Birch St #5, Hayward, CA 94541</td>
<td>8</td>
<td>To reward a nonprofit for its contributions to the community.</td>
</tr>
<tr>
<td>Serves low/extremely low-income homeless families with services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee  
Nancy Sa  
Supervisor's Assistant  
10/25/16  
(Official's Name (Last, First)  
Print Name  
Title  
(Month, Day, Year)  

Comment:  

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐  
   Face Value of Each Ticket/Pass $ 168
   Event Description  Kanye West: The Saint Pablo Tour
   Event Date(s)  10/23/16
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard - Supervisor District 2
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy
      
   B. Name of Individual  Number of Ticket(s)/Pass(es)  Identify one of the following:
      Galang, Josemari  4  Ceremonial Role ☐ Other ☑ Income ☐
      If checking "Ceremonial Role" or "Other", describe below:
      To reward a student for outstanding scholastic achievement

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

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

   Signature of Agency Head or Designee  Nancy Sa  Supervisor's Assistant  10/25/16
   Print Name  Title

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 168
   Event Description: Kanye West: The Saint Pablo Tour
   Date(s) 10 / 22 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   if no: Golden State Warriors
   If yes: Valle, Richard - Supervisor District 2
   Name of Source
   Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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>Francisco, Michael</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a student for outstanding scholastic achievement</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

4. Verification
   I certify that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Nancy Sa
   Supervisor’s Assistant: 10/25/16
   Print Name
   Title

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 126
   Event Description: Amy Schumer
   Provide Title/Explanation
   Date(s): 10/20/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: 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>Community Development Agency</td>
<td>4</td>
<td>To reward a County employee for her exemplary service to the public</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>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</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, Nancy Sa, Supervisor, as authorized by FPPC Sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Nancy Sa
   Supervisor's Assistant: 10/25/16
   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 $ ___________ 126
   Event Description Maroon 5
   Date(s) 10 / 16 / 16
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To 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 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 (Month, Day, Year) 10/25/16

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description WWE Monday Night Raw
   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 $99.75
   Date(s) 10 / 10 / 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.

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<th>A. Name of Agency, Department or Unit</th>
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<td>Identify one of the following:</td>
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<tr>
<td>--------------------------------------</td>
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<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Carrillo, Michael</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐ To promote attendance at event held at a County facility in order to maximize potential revenue.</td>
</tr>
<tr>
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<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below.</td>
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4. Verification
   I have read and understood FPPC Regulations 18444.1 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 10/25/16
   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)
Nancy Sa
Area Code/Phone Number   E-mail
(510) 272-6692 nancy.sa@acgov.org

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 89.50
Event Description: Dixie Chicks
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 10 / 7 / 16
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard - Supervisor District 2
Official’s Name (Last, First)
Was ticket distribution made at the behest of agency official? 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:
Reddy, Anusha | 4 | Ceremonial Role ☐ Other ☒ Income ☐

To promote attendance at event held at a County facility in order to maximize potential 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, Nancy Sa, undersigned Agency Head or Designee, 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Print Name
Supervisor’s Assistant
Title
Date of Original Filing: (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 (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 Golden State Music Festival
   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 $ 89.25
   Date(s) 10/14/16
   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
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

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

   Jones, Brittany
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☒ Income ☐
      To promote attendance at event held at a County facility in order to maximize potential 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 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 Title
   Date (Month, Day, Year) 10/25/16

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 ☐
   Face Value of Each Ticket/Pass $ 149.50
   Event Description Sia: Nostalgic for the Present
   Date(s) 10/1/16
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkowitz, Iliana</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td>4</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>
</table>

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

Nancy Sa
Supervisor’s Assistant
10/25/16

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 137.25
   Event Description Bad Boy Family Reunion
   Date(s) 09 / 30 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valie, 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>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parra, Alejandro</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></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>
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<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

10/25/16
(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 $ 275
   Event Description Raiders vs. Chargers
   Date(s) 10 / 9 / 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.

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

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

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

   Signature of Agency Head or Designee
   Nancy Sa
   Print Name
   Supervisor's Assistant
   Title
   10/25/16 (Month, Day, Year)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
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 Raiders vs. Kansas City Chiefs

Face Value of Each Ticket/Pass $ 275

Date(s) 10 / 16 / 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: 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:

Concepcion, Esquibel 2 Ceremonial Role ☐ Other ☒ Income ☐

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

2 Ceremonial Role ☐ Other ☐ Income ☐

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

4

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

Signature of Agency Head or Designee Nancy Sa Supervisor’s Assistant

Print Name Title

10/25/16 (Month, Day, Year)

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

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Nancy Sa

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

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

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

Face Value of Each Ticket/Pass $ 675

Event Description
Warriors vs. Clippers

Date(s) 10 / 4 / 16

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

If no: Golden State Warriors
Name of Source

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

If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

<table>
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<th>A. Name of Agency, Department or Unit</th>
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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>Intero Foundation; 5960 Stoneridge Drive, Suite #101, Pleasanton, CA 94588</td>
<td>4</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Nonprofit organization that raises money to benefit children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Nancy Sa
Print Name
Supervisor's Assistant
Title
10/25/16 (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

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

**Face Value of Each Ticket/Pass**: $675

**Event Description**: Warriors vs. Trail Blazers

**Date(s)** 10 / 21 / 16

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

**If yes**: Golden State Warriors

**Name of Source**

**Was ticket distribution made at the behest of agency official?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

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

**Official’s Name (Last, First)**

## 3. Recipients

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

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

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

### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sibal, Mark</td>
<td>4</td>
<td>☑</td>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

**Identify one of the following:**

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

### C. Name of Outside Organization

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

## 4. Verification

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

- **Signature of Agency Head or Designee**: Nancy Sa
- **Stamp**: Supervisor’s Assistant
- **Date**: 10/25/16

**Comment**: Includes 1 parking pass at the value of $30.
### 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 $** 90.00

**Event Description** A's vs. Red Sox

**Provide Title/Explanation**

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

**Date(s)** 09 / 03 / 16

**If no:**

**Name of Source**

**If yes:**

**Carson, Keith**

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

---

### 3. Recipients

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

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

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

#### B. Name of Individual

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

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>(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>McClouds High School Baseball 2607 Myrtle St, Oakland, CA 94607 public high</td>
<td>18</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

---

### 4. Verification

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

**Amy Shrago**

**Supervisor's Assistant**

**Print Name**

**Title**

**10/01/16**

(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

**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. Angels
     - Provide Title/Explanation
   - Date(s) 09 / 07 / 16
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
     - If no: Oakland A's
       - Name of Source
         - Carson, Keith
       - Official's Name (Last, First)

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

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

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

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

4. **Verification**
   - I have and Individually CPC's Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature of Agency Head or Designee
     - Amy Shrago
   - Supervisor's Assistant
     - Print Name
     - Title
     - (Month, Day, Year)

   **Comment:**
Agency Name: Alameda County

Division, Department, or Region (If Applicable):

Board of Supervisors

Designated Agency Contact (Name, Title):

Amy Shrago

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

E-mail: amy.shrago@acgov.org

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

2. Function or Event Information

Does the agency have a ticket policy? No

Event Description: A's vs. Mariners

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

Was ticket distribution made at the behest of agency official? Yes

Face Value of Each Ticket/Pass $ 27.00

Date(s) 09 / 09 / 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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</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>Peter Pan Cooperative Nursery School 4618 Allendale Ave. Oakland CA 94619</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

4. Verification

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

Signature of Agency, mess or agent:

Amy Shrago

Print Name

Supervisor's Assistant

Title

(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)

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

1. Agency Name

Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

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 $ 80.00

Event Description A's vs. Mariners

Provide Title/Explanation

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

Date(s) 09 / 09 / 16

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

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

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

B. Name of Individual

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

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.

Amy Shrago

Signature of Agency Head or Designee

Print Name

Supervisor's Assistant

Title

Date Stamp

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

Comment:

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Amy Shrago

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

Date Stamp
California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒
Face Value of Each Ticket/Pass $ 27.00
Event Description A's vs. Mariners
Provide Title/Explanation
Date(s) 09/10/16
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:

Watts, Alfred

2
Ceremonial Role ☐ Other ☒ Income ☐

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

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

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

Amy Shrago Supervisor's Assistant 10/01/16
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)
   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 $ 27.00
   Event Description A’s vs. Astros
   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? No □ Yes ☒ Name of Source
   If yes: Carson, Keith

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

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

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

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

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

   Signature of Agency Head or Designee                        Print Name
   Amy Shrago                                                   Supervisor's Assistant
   10/01/16 (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 Shrado
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrado@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x]
   Event Description A's vs. Astros
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Face Value of Each Ticket/Pass $ 27.00
   Date(s) 09 / 21 / 16
   If no: Oakland A's
   If yes: Carson, Keith
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [x] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spencer, Scott</td>
<td>2</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev</td>
</tr>
</tbody>
</table>

<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>Describe the public purpose made pursuant to the agency's policy</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.
   Amy Shrado
   Supervisor's Assistant
   10/01/16
   (Month, Day, Year)
   Comment: 

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

1. Agency Name
   Alameda County

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

Date Stamp California Form 802
For Official Use Only

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 90.00
   Event Description A’s vs. Rangers
      Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   If yes: Carson, Keith
   Name of Source
   Official’s Name (Last, First)
   Date(s) 09/23/16

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

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

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

   C. Name of Outside Organization
      Include address and description
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Asian Health Services 818 Webster St, Oakland, CA 94607 serve and advocate f 4
      To reward a school or nonprofit organization for its contributions to the community.

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

   Signature of Agency Head or Designee
   Amy Shrago
   Supervisor’s Assistant Print Name
   Title
   (Month, Day, Year)

Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [x] Face Value of Each Ticket/Pass $ 32.00
Event Description A's vs. Rangers
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x] Date(s) 09/23/16
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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Incone [ ]</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 [ ] Incone [ ]</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>Down Syndrome Connection of the Bay Area 117 Town and Country Dr, Danville</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 [Signature]
Print Name
Supervisor’s Assistant
Title
10/01/16 (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)**
   - 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** $ 90.00
   - **Event Description**
     - A's vs. Rangers
     - *Provide Title/Explanation*
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **Date(s)**
     - 09 / 25 / 16
   - **If no:**
     - **Name of Source**
     - **If yes:**
     - **Name of Source**
     - Carson, Keith

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

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

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

   **C. Name of Outside Organization**
   - **(Include address and description)**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency's policy**
     - Down Syndrome Connection of the Bay Area 117 Town and Country Dr, Danville,
     - 18
     - To reward a school or nonprofit organization for its contributions to the community.

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

   **Signature of Agency Head or Designee**
   - Amy Shrago

   **Supervisor's Assistant**
   - Print Name

   **Title**
   - 10/01/16
   - (Month, Day, Year)

   **Comment:**

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x]
   Face Value of Each Ticket/Pass $ 32.00
   Event Description: A's vs. Rangers
   Date(s) 09 / 24 / 16
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Oakland A's
   Name of Source:
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [x]
      If checking "Ceremonial Role" or "Other" describe below:
      To review the ability of a facility or its operator to participate in the County's job creation goals or job training programs.
      Income [ ]
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago [ ] Supervisor's Assistant [ ]
   Print Name [ ] Title [ ] (Month, Day, Year) 10/01/16
   Comment: [ ]
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 35.00
   Event Description  Ringling Bros. and Barnum & Bailey Cir
   Provide Title/Explanation
   Date(s)  08/18/16
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   If no:  Golden State Warriors
   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 ☐
       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 understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee  Amy Shrago  Supervisor's Assistant  09/01/16
   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)
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 $42.00
Event Description Ringling Bros. and Barnum & Bailey Cir
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 08/19/16
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
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency’s policy

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

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

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

Amy Shrago
Supervisor’s Assistant
09/01/16
(Signature or agency name used in lieu)
Print Name
Title
(Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □  No X
   Event Description: Ringling Bros. and Barnum & Bailey Cir
   Ticket(s)/Pass(es) provided by agency?  Yes □  No X
   Was ticket distribution made at the behest of agency official?  No □  Yes X

   Face Value of Each Ticket/Pass $        42.00
   Date(s) 08 / 20 / 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.

<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>Osorio, May Vickie</td>
<td>4</td>
<td>Ceremonial Role □ Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee: Amy Shrago
   Print Name: Supervisor's Assistant: 09/01/16
   Title: (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No X
   Face Value of Each Ticket/Pass $ 89.50
   Event Description Dixie Chicks
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
   If no: Golden State Warriors
   If yes: Carson, Keith

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other X Income ☐
      To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
      Ceremonial Role ☐ Other ☐ Income ☐
      if checking “Ceremonial Role” or “Other” describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor’s Assistant
   10/13/16 (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No X
Event Description WWE Monday Night Raw
Face Value of Each Ticket/Pass $ 99.75
Date(s) 10 / 10 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes X
If yes: Carson, Keith
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>BOS Dist 5</td>
<td>8</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>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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

Amy Shrago  Supervisor’s Assistant  10/13/16
Print Name  Title  (Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 126.00
   Event Description Maroon 5
   Event Date(s) 10 / 16 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have read California Code 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
   10/13/16
   (Month, Day, Year)

Comment: ________________________________
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 Kanye West
   Face Value of Each Ticket/Pass $ 168.00
   Date(s) 10 / 22 / 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**
   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:**
   Simpson, Sam 2 To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
   Brown, James 2 To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev

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

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

   Signature of Agency Head or Designee
   Amy Shrago
   Print Name
   Supervisor's Assistant
   Title
   Date 10/13/16

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [x]
- **Event Description** Raiders vs. Seahawks
- **Face Value of Each Ticket/Pass** $275.00
- **Date(s)** 09 / 01 / 16
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If no:** Oakland Raiders
  - **Name of Source:** Carson, Keith
  - **Official's Name (Last, First):**
- **If yes:**
  - **Official's Name (Last, First):**

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

#### A. Name of Agency, Department or Unit
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/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>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Ceremonial Role [ ] Other [ ] Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

### 4. Verification
- I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
- **Signature:** [Signature]
- **Print Name:** Amy Shrago
- **Title:** Supervisor’s Assistant
- **Date:** 10/01/16
- **FPPC Toll-Free Helpline:** 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description Raiders vs. Broncos
   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) 11 / 06 / 16
   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.

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

   | Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following: | Ceremonial Role ☐ Other ☒ Income ☐
   |--------------------|-----------------------------|---------------------------------|----------------------------------|
   | Carson, Keith | 4 | To review the ability of a facility or its operator to participate in the County’s job creation goals or job training programs. | Ceremonial Role ☐ Other ☐ Income ☐

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

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

   Amy Shrago
   Supervisor’s Assistant
   10/13/16
   (Month, Day, Year)

   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 $250 ticket/$30 parking
   Event Description Basketball Game
   Date(s) 10/4/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: 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 (Staffed) Name of Individual (Staffed)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:

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

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

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

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

   Signature of Agency Head or Designee
   Sarah Oddie
   Supervisor's Assistant
   Title
   (Month, Day, Year)

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☐ No ☑
   - **Event Description:** Basketball Game
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
   - **Face Value of Each Ticket/Pass:** $250 ticket
   - **Date(s):** 10 / 4 / 16

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

   - **B. Name of Individual**
     - **Name:** Alexander, Shaniece
     - **Number of Ticket(s)/Pass(es):** 2
     - **Ceremonial Role** ☐ Other ☐ Income ☐
     - **To reward a community volunteer for his or her service to the public**

   - **C. Name of Outside Organization**
     - **Number of Ticket(s)/Pass(es):** 2
     - **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**
   - **Signature of Agency Head or Designee:** Sarah Oddie
   - **Supervisor's Assistant:**
   - **Print Name:**
   - **Title:**
   - **Date:** 10.14.2016

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 250
   Event Description Basketball Game
   Date(s) 10 / 21 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

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

   Chan, Ed
   4

   Ceremonial Role ☐ Other ☐ Income ☐

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

   4

   Ceremonial Role ☐ Other ☐ Income ☐

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

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

4. Verification
   I hereby certify under Penal Code Sections 18944 and 18942 I have verified that the distribution listed above, is in accordance with the requirements.
   Sarah Oddie
   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)
Sarah Oddie
Area Code/Phone Number (510) 272-6693
E-mail sarah.oddie@acgov.org

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Bad Boy Family Reunion 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 $ 137.25
Date(s) 09 / 30 / 16
If no, Golden State Warriors Name of Source
If yes: Chan, Wilma Official's Name (Last, First)

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

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

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 10.28.2016
Print Name Title (Month, Day, Year)

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

### 1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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: Sia
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: $149.50
Date(s): 10/01/16
Name of Source:
Name: Wilma Chan
Officer's Name (Last, First):

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

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

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

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

#### C. Name of Outside Organization (Include address and description)
<table>
<thead>
<tr>
<th>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>4</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: [Signature]
Print Name: Sarah Oddie
Supervisor's Assistant: [Signature]
Title: [Title]
Date: 10/28/2016

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $89.50
   Event Description Dixie Chicks
   Event Date(s) 10 / 07 / 16
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenwald, Sue</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have reviewed Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie Signature of Agency/Model/Designee
   Supervisor’s Assistant Print Name
   10.13.2016 (Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $89.50
   Event Description: Dixie Chicks
   Date(s): 10 / 07 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: 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 an event held at a County facility in order to maximize potential County revenue...
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      2

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

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

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

Comment:
# Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
- Alameda County
- Board of Supervisors
- Designated Agency Contact (Name, Title): 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: WWE Monday Night Raw
- Face Value of Each Ticket/Pass $99.75
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
- If yes: Golden State Warriors
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
- Date(s): 10 / 10 / 16
- Name of Source: Chan, Wilma
- Official’s Name (Last, First): Chan, Wilma

## 3. Recipients

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

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

**B. Name of Individual**
- Number of Ticket(s)/Pass(es)
- Identify one of the following: Ceremonial Role ☐ Other ☐ Income ☐

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

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

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

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

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

## 4. Verification

I have: 18944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

- Signature of Agency Person or Designee: Sarah Oddie
- Supervisor’s Assistant: Sarah Oddie
- Title: Supervisor’s Assistant
- Date: 10.13.2016

Comment: ____________________________________________________________

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

**1. Agency Name**
- Alameda County
- Board of Supervisors
- Designated Agency Contact: 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:** Golden State Music Festival
- **Face Value of Each Ticket/Pass $** 89.25
- **Date(s):** 10 / 14 / 16
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no:** Golden State Warriors
  - **Name of Source:**
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
  - **If yes:** 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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beyond Emancipation, 675 Hegenberger Rd #100, Oakland, CA 94621</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Sarah Oddie, Supervisor's Assistant
- Print Name: sarah.oddie
- Title: Supervisor's Assistant
- Date: 10.13.2016

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: (510) 272-6693
   E-mail: sarah.oddie@acgov.org
   Face Value of Each Ticket/Pass $ 126
   Date(s) 10 / 16 / 16
   If no. Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Maroon 5 ft. Tove Love & Phases
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

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

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

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

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

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

1. Agency Name  
Alameda County  
Division, Department, or Region (If Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
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 $  
$110.25  
Event Description  
R. Kelly: The Buffet Tour  
Date(s)  
10 / 19 / 16  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☒  
If no:  
Golden State Warriors  
Name of Source  
If yes:  
Chan, Wilma  
Official’s Name (Last, First)

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

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

B. Name of Individual  
(Title, 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...

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

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

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

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

**1. Agency Name**  
Alameda County  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
Sarah Oddie

**2. Function or Event Information**  
Does the agency have a ticket policy? Yes ☒ No ☐  
Face Value of Each Ticket/Pass $126  
Event Description: Amy Schumer  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  
Date(s): 10/20/16  
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒  
Name of Source: Golden State Warriors  
If yes: Chan, Wilma

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brekke-Miesner, Lukas</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>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 verified that the distribution set forth above, is in accordance with the requirements.  
Sarah Oddie  
Supervisor's Assistant  

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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: Amy Schumer
   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 $126
   Date(s) 10/20/16
   If no. Golden State Warriors
   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
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Sarah Oddie

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Sarah Oddie

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

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

Event Description: Kanye West: The Saint Pablo Tour

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 $168

Date(s) 10 / 22 / 16

If no: Golden State Warriors
Name of Source

If yes: Chan, Wilma
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit 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:

Lay, Christine

4

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

Ceremonial Role ☐ Other ☐ Income ☐

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

4

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

4. Verification

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

Signature of Agency Head or Designee
Sarah Oddie

Print Name

Supervisor's Assistant

Title

10.13.2016 (Month, Day, Year)

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Event Description**: Kanye West: The Saint Pablo Tour
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [X]
- **Face Value of Each Ticket/Pass**: $168
- **Date(s)**: 10 / 23 / 16
- **If no: Golden State Warriors**
- **Name of Source**: Chan, Wilma
- **Official’s Name (Last, First)**: Chan, Wilma

### 3. Recipients
- **A. Name of Agency, Department or Unit**
- **Number of Ticket(s)/Pass(es)**
- **Describe the public purpose made pursuant to the agency’s policy**
- **B. Name of Individual**
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following**: Ceremonial Role [ ] Other [ ] Income [ ]
  - **To reward a community volunteer for his or her service to the public**
  - **C. Name of Outside Organization**
  - **Number of Ticket(s)/Pass(es)**
  - **Describe the public purpose made pursuant to the agency’s policy**

### 4. Verification
- **I, Sarah Oddie, Supervisor’s Assistant**,
- **Verified** on 10.13.2016, that the distribution set forth above, is in accordance with the requirements.
- **Signature of Agency Head or Designee**
- **Print Name**
- **Title**

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $168
   Event Description: Kanye West: The Saint Pablo Tour
   Date(s) 10/23/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I, Sarah Oddle, the Designated Agency Contact, pursuant to Elections 18944.1 and 18942, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Sarah Oddle
   Supervisor's Assistant: Print Name
   Title:
   Date: 10.13.2016 (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Face Value of Each Ticket/Pass $  $50.50
   Event Description: Disney on Ice: Passport to Adventure
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   Date(s)  10 / 26 / 16
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

3. Recipients
   • Use Section A to identify the agency’s department or unit.  • Use Section B to identify an individual.  • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit  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>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodstock Child Development Center, 500 Pacific Ave, Alameda, CA 94501</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Subsidized preschool &amp; before &amp; after school programs for low-income families</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Sarah Oddie  Supervisor’s Assistant  10.28.2016
   (Print Name)  (Title)  (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 Disney on Ice: Passport Adventure
   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 $ $50.50
   Date(s) 10 / 27 / 16
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

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

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

4. Verification
   I, Sarah Oddie, 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 10.13.2016 
   (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 $ 50.50
   Event Description Disney on Ice: Passport Adventure
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 10/27/16
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

<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>Verdin, Rocio</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification
   I 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
   (Month, Day, Year)
   Comment: 
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Board of Supervisors
Designated Agency Contact (Name, Title)
Sarah Oddie

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Disney on Ice: Passport to Adventure
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 $50.50
Date(s) 10 / 28 / 16
If no: Golden State Warriors
Name of Source Chan, Wilma
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

C. Name of Outside Organization (include address and description)
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency's policy
Alameda Recreation & Parks Dept., 2226 Santa Clara Ave, Alameda, CA 94501 4 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
Manage parks & recreation programs for City of Alameda

4. Verification
I hereby certify under penalty of perjury Pursuant to Sections 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 of Verification: 10.28.2016
(Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 55.50
Event Description Disney on Ice: Passport Adventure
Provide Title/Explanation
Date(s) 10 / 29 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors Name of Source
If yes: Chan, Wilma Official’s Name (Last, First)
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:

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

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

Sarah Oddie Supervisor’s Assistant 10.13.2016
Signature of Agency Head or Designee Print Name Title

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No □
   Face Value of Each Ticket/Pass $55.50
   Event Description Disney on Ice: Passport Adventure
   Provide Title/Explanation
   Date(s) 10 / 30 / 16
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

<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>Yusef, Majid</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<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, Sarah Oddie, Supervisor’s Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Licensee
   Print Name
   Supervisor’s Title
   Date (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $126
   Event Description Amy Schumer
   Date(s) 10/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   If yes: Chan, Wilma
   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
      
      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...event held at a County facility...to maximize potential County revenue from parking & concession
         Ceremonial Role ☐ Other ☐ Income ☐
         If checking “Ceremonial Role” or “Other” describe below:
         2
         2
      
      C. Name of Outside Organization
         (include address and description)
         Number of Ticket(s)/Pass(es)
         Describe the public purpose made pursuant to the agency’s policy
         

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Sarah Oddie
   Supervisor’s Assistant
   Print Name
   Title
   Date 10.31.2016
   (Month, Day, Year)
   Comment: 

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