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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number 510-891-5585
   E-mail anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 1100/1000
   Event Description Basketball game
   Date(s) 11/26/16 11/28/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Miley, Nate
   Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>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>Taylor, Barbara</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below: To promote attendance at an event held at County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Gums, Angelica</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha Kappa Alpha - PO Box 24967 Oakland 94623</td>
<td>2</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>COMMUNITY SERVICE ORGANIZATION</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   Signature of Agency Head or Designee
   Anna Gee
   Operations Chief
   11/16/16
   (Month, Day, Year)
   Comment: Taylor and Gums received 11/28 tickets
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number 510-891-5585
   E-mail anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball game
   Face Value of Each Ticket/Pass $ 725/1000
   Date(s) 12/01/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   If yes: Miley, Nate
   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>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<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>Kim, Jin</td>
<td>2</td>
<td>To promote attendance at an event held at County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Albanesi, Nelson</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification
   19844 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Anna Gee Operations Chief 11/16/16
   [Print Name] [Title] (Month, Day, Year)

   Comment: Taylor and Gums received 11/28 tickets
### 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>
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<tr>
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</tr>
<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>Simmons, Ashton</td>
<td>2</td>
<td>CEREMONIAL ROLE</td>
</tr>
</tbody>
</table>

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

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

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number: 510-891-5585
   E-mail: anna.gee@acgov.org
   Date Stamp
   A Public Document
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $675/1100
   Event Description: Basketball game
   Date(s): 12 / 05 / 16 12 / 17 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Ticket(s)/Pass(es) provided by agency? No ☐ Yes ☒
   If yes: Miley, Nate
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   Harrison, Nathaniel 2
   Ceremonial Role ☐ Other ☒ Income ☐
   To promote attendance at an event held at County facility in order to maximize potential County revenue from parking and concession sales.

   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   League of Women Voters Eden Area
   PO Box 2934-Castro Valley 94546 4
   To reward a nonprofit for its contributions to the community
   Education and Awareness of local/state/federal policies

4. Verification
   18941 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Anna Gee
   Operations Chief
   11/16/16 (Month, Day, Year)
   LWV received 12/17 tickets.
## Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

### Agency Name
Alameda County

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

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

#### B. Name of Individual (Do Not Vacate)

<table>
<thead>
<tr>
<th>Name of Individual (Do Not Vacate)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

|                                   |                             | Ceremonial Role ☐ Other ☐ Income ☐ |

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

|                                   |                             | 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

<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>Alisal Elementary School PTA-1454&lt;br&gt;Santa Rita Rd, Pleasanton 94566</td>
<td>2</td>
<td>To reward a nonprofit for its contribution to the community. SCHOOL SUPPORT</td>
</tr>
</tbody>
</table>

---

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name/Title)
   Anna Gee

   Area Code/Phone Number
   510-891-5585
   E-mail
   anna.gee@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 $ 250
   Event Description Basketball game
   Date(s) 10 / 04 / 16
            10 / 21 / 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: Miley, Nate
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Board of Supervisors, District 4 2 To reward a County employee for their exemplary service to the public or to encourage staff development
      Board of Supervisors, District 4 2 To reward a County employee for their 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:
      Graham, Christine 4 To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

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

4. Verification
   I have verified that the distribution set forth above is in accordance with the requirements.
   Anna Gee
   Operations Chief
   11/16/16
   (Month, Day, Year)
   Comment: Graham received 10/21 tickets.

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number 510-891-5585
   E-mail anna.gee@acgov.org

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 1125/675
   Event Description Basketball game
   Date(s) 11/03/16 11/07/16
   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: Miley, Nate Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>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>Cousin, Dwight</td>
<td>4</td>
<td>To promote attendance at an event held at County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County - 7200 Bancroft Ave, Ste 251</td>
<td>2</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.</td>
</tr>
</tbody>
</table>

4. Verification
   I, 16944.1 and 16942. I have verified that the distribution set forth above is in accordance with the requirements.
   Anna Gee
   Print Name
   Operations Chief
   Title
   11/16/16 (Month, Day, Year)

Comment: Cousin received 11/7 tickets
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

   - Board of Supervisors
   - Designated Agency Contact (Name, Title)

   - Anna Gee
   - Area Code/Phone Number: 510-891-5585
   - E-mail: anna.gee@acgov.org

   **Date Stamp**

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Event Description: Basketball game
   - Face Value of Each Ticket/Pass $ 1000/1125
   - Date(s) 12 / 20 / 16 12 / 28 / 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: Miley, Nate
     - Official’s Name (Last, First)

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

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

   **Section B**
   - **Name of Individual**
   - **Name of Agency, Department or Unit**
   - **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 student for outstanding scholastic achievement.

   **Section C**
   - **Name of Outside Organization**
   - (include address and description)
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency’s policy**
   - Hayward Arts Council - 22394 Foothill Blvd, Hayward 94541
   - To reward a nonprofit organization for its contributions to the community.

4. **Verification**
   - **Anna Gee**
   - **Operations Chief**
   - **Print Name**
   - **Title**
   - **11/16/16**
   - **(Month, Day, Year)**

   **Comment:** Caetano received 12/28 tickets.

---

*compliance with California Form 802, 2011 Amendments 18944 and 18942.*
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

California Form 802
A Public Document

Agency Name
Alameda County

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

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

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>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>
<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>
<tbody>
<tr>
<td>East Bay Innovations - 2450 Washington Ave, Ste 240, San Leandro 94577</td>
<td>4</td>
<td>To reward a nonprofit for its contribution to the community.</td>
</tr>
</tbody>
</table>

PROGRAMS FOR DISABLED ADULTS

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

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Anna Gee
Area Code/Phone Number 510-891-5585
E-mail anna.gee@acgov.org

[Date Stamp]
Date of Original Filing: ____________

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ ____________ 275
Event Description Football game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 8 / 27 / 16 9 / 1 / 16
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
If no: Raiders
Name of Source
If yes: Miley, Nate
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Patricia</td>
<td>4</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Fisher, Marie</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Anna Gee Operations Chief
Print Name Title
11/16/16 (Month, Day, Year)

Comment: Fisher received 8/27 tickets.

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number 510-891-5585
   E-mail anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Football 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 $ 275
   Date(s) 9 / 18 / 16 10 / 9 / 16
   If no: Raiders
   Name of Source
   If yes: Miley, Nate
   Official's Name (Last, First)

3. Recipients
   • Use Section A to identify the agency's department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.
   
   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: Patricia Nance
      Number of Ticket(s)/Pass(es): 4
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

   C. Name of Outside Organization
      Name: Pete, Geoffrey
      Number of Ticket(s)/Pass(es): 4
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

4. Verification
   Anna Gee Operations Chief 11/16/16
   Print Name Title (Month, Day, Year)
   Ions 189441 and 189421 I have verified that the distribution set forth above is in accordance with the requirements.
   Comment: Nance received 9/18 game.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Anna Gee
Area Code/Phone Number 510-891-5585
E-mail anna.gee@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description Football game
Face Value of Each Ticket/Pass $275
Date(s) 10 / 16 / 16
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Raiders
Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
If yes: Miley, Nate

3. Recipients
* Use Section 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>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</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>B.</td>
<td>Identify one of the following:</td>
<td></td>
</tr>
<tr>
<td>Sblend, Sblendorio</td>
<td>2.</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Grant, Richard</td>
<td>2.</td>
<td>Ceremonial Role [ ] Other [x] 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>
</tr>
</thead>
<tbody>
<tr>
<td>C.</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td>St. Mary's Center - 925 Brockhurst St, Oakland 94608</td>
<td>4. To reward a nonprofit organization for its contributions to the community.</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.

Anna Gee [Signature] Operations Chief [Signature] 11/16/16 (Month, Day, Year)

Comment: Nance received 9/18 game.
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Anna Gee
Area Code/Phone Number 510-891-5585
E-mail anna.gee@acgov.org

**2. Function or Event Information**
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 275
Event Description Football game
Date(s) 11 / 27 / 16 12 / 4 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: **Raiders**
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: **Miley, Nate**
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dones, Alan</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Haubert, David</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>

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

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

Anna Gee
Operations Chief
Print Name
Title
11/16/16

Comment: Walker received 12/4 tickets.
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

**Agency Name**  
Alameda County

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Refer to A)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walker, Brenda</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number 510-891-5585
   E-mail anna.gee@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 $78.75/105.50
   Event Description Kat Williams/Lil Wayne "events"
   Date(s) 11/27/16 12/4/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Raiders
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

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

   Brooks, Patricia
   2

   Pete, Geoffrey
   2

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

4. Verification
   Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee Operations Chief 11/16/16
   Print Name Title (Month, Day, Year)

   Comment: Pete and Jackson received 2 tickets to each show.
### 3. Recipients

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

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<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>Jackson, Kimani</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 from parking and concession sales.</td>
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<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>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</table>
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Alameda County

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

   **Designated Agency Contact (Name, Title)**
   - Anna Gee

   **Area Code/Phone Number**
   - 510-891-5585

   **E-mail**
   - anna.gee@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description**
     - Maroon 5/R. Kelly concerts
   - **Face Value of Each Ticket/Pass $**
     - 126/110.25
   - **Date(s)**
     - 10/16/16

   **Ticket(s)/Pass(es) provided by agency?**
   - Yes ☐ No ☑
   - **If no:** Golden State Warriors
     - **Name of Source**
   - **If yes:** Miley, Nate
     - **Official’s Name (Last, First)**

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

   **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 ☐
     - **Ceremonial Role or Other**
     - **Income**
   - **To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.**

   **Miley, Nate**
   - **Number of Ticket(s)/Pass(es)**
   - **To reward a nonprofit organization for its contributions to the community.**

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

   **Meals on Wheels of Alameda County-80 Swan W., Ste 120, Oakland 94621**
   - **Number of Ticket(s)/Pass(es)**
   - **To reward a nonprofit organization for its contributions to the community.**

   **Verification**

   199441 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   **Anna Gee**
   - **Operations Chief**
   - (Month, Day, Year)

   **Comment:**

---

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number  E-mail
   510-891-5585 anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description  Kanye West concert
   Face Value of Each Ticket/Pass $ 168.00
   Date(s)  10 / 22 / 16  10 / 23 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Miley, Nate
   Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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</tbody>
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<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pete, Geoffrey</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
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</tbody>
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<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>
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</tbody>
</table>

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee  Operations Chief  11/16/16
   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)
   Anna Gee
Area Code/Phone Number E-mail
   510-891-5585 anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $55.50/137.25
   Event Description Disney on Ice/Bad Boy
   Date(s) 10/ / 28/ 16 10/ / 27/ 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: Miley, Nate
   Official's Name (Last, First)

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

   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 ☐
   Jow, Angela 4 To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.
   Pete, Geoffrey 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. Verification
   18944.1 and 18942: I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee 11/16/16
   Print Name Operations Chief
   Title Pete received 9/30 show.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number 510-891-5585
   E-mail anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Disney on Ice
   Face Value of Each Ticket/Pass $ 50.50
   Date(s) 10 / 26 / 16 10 / 27 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee
   Operations Chief
   11/16/16

Comment: Muhammad received 10/27 show.
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, Supervisor's Assistant
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 $ 148
Event Description Family Bridges Benefit Concert
Provide Title/Explanation
Date(s) 11 / 5 / 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:
Chan, Carl 4
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To reward a community volunteer for his or her service to the public
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

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
Hotel Oakland Village, 270 13th St, Oakland, CA 94612 4
TO "IMPROVE LIVES BY RETHINKING HEALTHY SENIOR LIVING"
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
Sarah Oddie
Print Name
Private's Assistant
Title
11.29.2016 (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, Supervisor's Assistant
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 $ 105.50
Event Description Lil Wayne & 2 Chainz
Provide Title/Explanation
Date(s) 11 / 10 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
If yes: Chan, Wiilma
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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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
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<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>Alameda County Community Food Bank, 7900 Edgewater Dr, Oakland, CA 94621</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Provides food and meals to low-income residents in Alameda County</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Sarah Oddie  Supervisor's Assistant  11.29.2016
Print Name  Title  (Month, Day, Year)

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Sarah Oddie, Supervisor’s Assistant
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 $ 150
Event Description MANA: Latino Power Tour
Provide Title/Explanation
Date(s) 11 / 11 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source Chan, Wilma
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

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

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

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

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

| Ceremonial Role ☐ Other ☐ Income ☐ |

| Ceremonial Role ☐ Other ☐ Income ☐ |

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


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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Bay Spanish Speaking Citizens Foundation, 1470 Fruitvale Ave, Oakland, CA 94601</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community Help East Bay families improve their lives, embrace their heritage, develop as civic leaders</td>
</tr>
</tbody>
</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 Designee
Print Name

Comment:

Supervisor’s Assistant Title 11.29.2016 (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
   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 Football 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 $275 ticket/$35 parking
   Date(s) 11 / 06 / 16
   If no: Oakland Raiders
   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:
   Jackson, James 2+park
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at 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, Sarah Oddie, Supervisor’s Assistant, 09.23.2016 have verified that the distribution set forth above, is in accordance with the requirements.

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**: Football game
- **Face Value of Each Ticket/Pass**: $275 ticket/$35 parking
- **Date(s)**: 11/27/16
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑️
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑️

### 2. Function or Event Information
- **Event Description**: Football game
- **Face Value of Each Ticket/Pass**: $275 ticket/$35 parking
- **Date(s)**: 11/27/16
- **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
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual
<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</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>Johnson, Rose</td>
<td>2+park</td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
</tbody>
</table>

#### 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
*from each of the undersigned FPPC Regulations 8944.1 and 8944.2. I have verified that the distribution set forth above, is in accordance with the requirements.*

- **Agency Chair/Manager**: Sarah Oddie
  - **Print Name**: Sarah Oddie
  - **Title**: Supervisor’s Assistant
  - **Date**: 09.23.2016

- **Comment:**

---

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 1,400 ticket/$30 park
Event Description Basketball Game Date(s) 11 / 03 / 16
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: 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>Jackson, Bishop Bob</td>
<td>2+p</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<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>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understand FPPC Rulings 18544, 1 and 18542. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature or agency name or designee
Sarah Oddie
Print Name
Supervisor's Assistant
Title
10.28.2016 (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Sarah Oddie

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $1400 ticket
   Event Description Basketball Game
   Date(s) 11/03/16
   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 reward a community volunteer for his or her service to the public
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      2

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

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

   Signature of Agency Head or Designee __________________________
   Print Name __________________________
   Supervisor’s Assistant __________________________
   Title __________________________
   (Month, Day, Year) 11/21/2016

Comment: __________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $600
   Event Description Basketball Game
   Date(s) 11 / 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.

<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>Galvan, Gordon</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below: To promote attendance...held at a County facility...to maximize potential County revenue from parking &amp; concession sales</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

Supervisor’s Assistant Title 11.21.2016 (Month, Day, Year)

Comment: ___________________________________________________________

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

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

   Board of Supervisors
   Designated Agency Contact (Name, Title)

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ $600
   Event Description Basketball Game
   Date(s) 11/07/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kubo, Theresa</td>
<td>2</td>
<td>To promote attendance...held at a County facility...to maximize potential County revenue from parking &amp; concession sales</td>
</tr>
</tbody>
</table>

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

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/Field or Designee
   Print Name
   Supervisor's Assistant
   Title
   Date 11.21.2016
   (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 ☐
   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 $450 ticket/$30 parking
   Date(s) 11 / 13 / 16
   Name of Source Golden State Warriors
   Official's Name (Last, First) Chan, Wilma

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

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

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

   C. Name of Outside Organization
      Number of Ticket(s)/ Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Asian Health Services, 818 Webster St, Oakland, CA 94607
      2+p To reward a school or nonprofit organization for its contributions to the community
      Serve/advocate for the API community by ensuring access to healthcare

4. Verification
   I have read and understood CPDC 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)

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 [x] No [ ]
Face Value of Each Ticket/Pass $450
Event Description Basketball game
Provide Title/Explanation
Date(s) 11 / 13 / 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>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>Cox, Jonathan</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...held at a County facility...to maximize potential County revenue from parking &amp; concession sales</td>
</tr>
<tr>
<td></td>
<td>2</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 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 11.21.2016
Print Name Title (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 600
   Event Description Basketball game
   Provide Title/Explanation
   Date(s) 11 / 26 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Attorney - Young Women Saturday Program</td>
<td>2</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie Print Name
   Supervisor's Assistant Title
   11.21.2016 (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)
   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: $600 ticket/$30 parking
   Event Description: Basketball Game
   Date(s): 11 / 26 / 16
   Ticket(s)/Pass(es) provided by agency? □ Yes □ No
   If no: Golden State Warriors
   Name of Source:
   Was ticket distribution made at the behest of agency official? □ No □ Yes
   If yes: 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.

   **Section A**
<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>

   **Section B**
<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Findlay, Delvecchio</td>
<td>2+p</td>
<td>To promote attendance...held at a County facility...to maximize potential County revenue from parking &amp; concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2+p</td>
</tr>
</tbody>
</table>

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

   Sarah Oddie
   Supervisor’s Assistant
   11.21.2016 (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 ☐
   Event Description Basketball Game
   Face Value of Each Ticket/Pass $600 ticket
   Date(s) 11 / 28 / 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:
   Cluver, Andreas | 2 | Ceremonial Role ☐ Other ☐ Income ☒
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance...held at a County facility...to maximize potential County revenue from parking & concession sales

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

4. Verification
   18944.1 and 19942. 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
   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 Basketball Game
   Face Value of Each Ticket/Pass $600 ticket
   Date(s) 11 / 28 / 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:
      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
      Non-Profit Housing Association, 369 Pine St # 350, San Francisco, CA 94104
      2
      To reward a school or nonprofit organization for its contributions to the community
      Make Bay Area a place where everyone has an affordable & stable home

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

   Sarah Oddie
   Supervisor's Assistant

   Print Name
   Title
   (Month, Day, Year)
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 $ 1,125
   Event Description
   Warriors vs. OKC Thunder
   Date(s) 11 / 3 / 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.

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
    Ceremonial Role ☐ Other ☒ Income ☐
    Income ☐
    Ceremonial Role ☐ Other ☒ Income ☐
    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
      Union City Lions Club, P.O. Box 2314
      Union City, CA 94587
      4
      To reward a non profit organization for its contributions to the community.
      Volunteer service organization

4. Verification
   I certify that the information contained in the report is true and correct, and that the distribution of tickets/passes as described herein is in accordance with the requirements of Sections 441 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
   Print Name

   Date
   11/29/16
   (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 ☐
   Face Value of Each Ticket/Pass $ 675
   Event Description  Warriors vs. New Orleans Pelicans
   Provide Title/Explanation
   Date(s)  11 / 7 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☑
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<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>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chabot College Foundation, 25555 Hesperian Blvd, Hayward CA 94545</td>
<td>4</td>
<td>To reward a non profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Supports Chabot College</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   44.1 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
   Nancy Sa  11/29/16

Comment: Includes 1 parking pass at the value of $30
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 $ 1,000
   Event Description Warriors vs. Phoenix Suns
   Date(s) 11 / 13 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>League of Volunteers, 8440 Central, Ste. A/B Newark, CA 94560</td>
<td>4</td>
<td>To reward a non profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Promotes volunteerism to enhance the quality of life in the Tri Cities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   These statements are made voluntarily under penalty of perjury, 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Nancy Sa
   Supervisor's Assistant
   11/29/16

   Comment: Includes 1 parking pass at the value of $30
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 Warriors vs. LA Lakers
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 $ 1,100
Date(s) 11 / 23 / 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

B. Name of Individual (Last, First)
Valle, Richard
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☒ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To evaluate the contribution of a facility to the County's goals for fostering arts, culture and entertainment opportunities for resident
Chen, Mei Ling
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
St. Rose Hospital Foundation, 27200 Calaroga Ave. Hayward, CA 94545
Number of Ticket(s)/Pass(es) 10
Describe the public purpose made pursuant to the agency's policy
To reward a non profit organization for its contributions to the community.

Supports the mission to provide quality healthcare to all those in need

4. Verification
1 and 1943. I have verified that the distribution set forth above, is in accordance with the requirements.
Nancy Sa Supervisor's Assistant
Print Name Title
11/29/16 (Month, Day, Year)

Comment: Includes 4 parking passes at the value of $30
**Agenda 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 [x]  No [ ]
   **Face Value of Each Ticket/Pass $**
   1,100

   **Event Description**
   Warriors vs. Minnesota Timberwolves

   **Provide Title/Explanation**
   [Provide title/explanation]

   **Date(s)**
   11 / 26 / 16

   **Ticket(s)/Pass(es) provided by agency?**  Yes [ ]  No [x]
   **If no:**
   [Name of Source]
   [Name of Source]

   **Was ticket distribution made at the behest of agency official?**  No [ ]  Yes [x]
   **If yes:**
   [Official’s Name (Last, First)]
   Valle, Richard—Supervisor District 2

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

   **A. Name of Agency, Department or Unit**
   District Attorney’s Office

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

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

   **B. Name of Individual**
   [Last, First]

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

   **Identify one of the following:**
   - Ceremonial Role [ ]
   - Other [x]
   - Income [ ]

   **If checking “Ceremonial Role” or “Other” describe below:**
   [Provide description]

   **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**
   [Signature]
   [Name]
   [Title]
   [Date]
   (Month, Day, Year)

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

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Alameda County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td>Board of Supervisors</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td>Nancy Sa</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>(510) 272-6692</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:nancy.sa@acgov.org">nancy.sa@acgov.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>Face Value of Each Ticket/Pass</td>
</tr>
<tr>
<td>Event Description</td>
</tr>
<tr>
<td>Date(s)</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
</tr>
<tr>
<td>If no: Golden State Warriors</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
</tr>
<tr>
<td>If yes: Valle, Richard- Supervisor District 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use Section A to identify the agency’s department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.</td>
</tr>
</tbody>
</table>

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

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

### B. Name of Individual

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

<table>
<thead>
<tr>
<th>If checking “Ceremonial Role” or “Other” describe below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>To reward a non profit organization for its contributions to the public.</td>
</tr>
</tbody>
</table>

### 4. Verification

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

Signature of Agency Head or Designee: Nancy Sa

<table>
<thead>
<tr>
<th>Supervisor’s Assistant</th>
<th>11/29/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
</tbody>
</table>

(Month, Day, Year)

Comment: Includes 1 parking pass at the value of $30

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 $ 78.75
   Event Description Katt Williams Conspiracy Theory Date(s) 11/4/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Valie, Richard- Supervisor District 2

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   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, 1190 B Street, Hayward CA 94541 4 To reward a non profit organization for its contributions to the community
   Provides shelter and services to victims of domestic violence.

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

   Nancy Sa   Supervisor's Assistant   11/29/16
   (Print Name)   (Title)   (Month, Day, Year)

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

1. Agency Name
Alameda County
Board of Supervisors

Designated Agency Contact (Name, Title)
Nancy Sa

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

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No □
Face Value of Each Ticket/Pass $________

Event Description Sam Hui Benefit Concert
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:

- 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, 1190 B Street, Hayward CA 94541
  4
  To reward a non profit organization for its contributions to the community

- Provides shelter and services to victims of domestic violence.

4. Verification

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

Nancy Sa
Supervisor's Assistant
11/29/16 (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)
   - 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** Lil Wayne & 2 Chainz Concert
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **Face Value of Each Ticket/Pass $** 105.50
   - **Date(s)** 11/10/16
   - **If yes:** Golden State Warriors
   - **If no:**
     - **Name of Source**
   - **Official's Name (Last, First)**

---

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

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

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

   **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**

   - La Familia Counseling Service, 26081 Mocine Ave, Hayward CA 94544
     - **Number of Ticket(s)/Pass(es):** 4
     - **Describe the public purpose:** To reward a non profit organization for its contributions to the community
     - Provides mental health and community support services

---

4. **Verification**
   - I have read and understand CCPA Section 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Nancy Sa**
   - Supervisor's Assistant
   - Print Name
   - Title
   - Date Stamp (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 $ ________ 40
   Event Description Intel Extreme Masters
   Provide Title/Explanation
   Date(s) 11 / 19 / 16 11 / 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? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

   **A. Name of Agency, Department or Unit**
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</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>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **C. Name of Outside Organization**
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>
   La Familia Counseling Service, 26081 Mocine Ave, Hayward CA 94544 8
   To reward a non profit organization for its contributions to the community
   Provides mental health and community support services

4. **Verification**
   I have read and understood CCPA Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Nancy Sa supervisor's Assistant
   Print Name Title
   11/29/16 (Month, Day, Year)

Comment: ____________

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

1. Agency Name
Alameda County
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 $ 150
Event Description IMANA: Latino Power Tour
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 11/11/16
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? Yes ☒ No ☐

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

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

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

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

Nancy Sa          Supervisor’s Assistant
Print Name        Title
11/29/16          (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description  Oakland Raiders vs. Denver Broncos
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $275
   Date(s) 11/6/16
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Name of Source  Oakland Raiders
   Name of Source  Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
      
   B. Name of Individual (Law, Pub) | Number of Ticket(s)/Pass(es) | Identify one of the following:
      
      Pilar, Anthony  4  Ceremonial Role ☐ Other ☒ Income ☐
      To reward a community volunteer for his service to the public.
      4  Ceremonial Role ☐ Other ☐ Income ☐

   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
      
4. Verification
   3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   
   Nancy Sa  Supervisor’s Assistant
   Print Name  Title
   11/29/16  (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  
(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  
Oakland Raiders vs. Carolina Panthers  
Date(s) 11 / 27 / 16  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐  No ☒  
If no:  
Name of Source  
Oakland Raiders  
If yes:  
Valle, Richard- Supervisor District 2  
Official's Name [Last, First]  

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

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

<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>Valle, Richard</td>
<td>4</td>
<td>Ceremonial Role ☐  Other ☒  Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To evaluate the contribution of a facility to the County's goals for fostering arts, culture, and entertainment opportunities for County</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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification  
I 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  
(11/29/16)  
(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)
   Lee Ann Fergerson, Supervisor’s Assistant
   Area Code/Phone Number: (510) 272-8691
   E-mail: leeann.fergersom@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: [Provide Title/Explanation]
   Date(s): 10/9/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Name of Source: Alameda County Supervisor Scott Haggerty, D1
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

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

<table>
<thead>
<tr>
<th>Name of Agency/Department or Unit</th>
<th>Number of Tickets/Passes</th>
<th>Distribute public purpose tickets pursuant to the agency’s policy</th>
</tr>
</thead>
</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>Supervisor Scott Haggerty, Dist. 1</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>To obtain oversight of facilities or events that have received County funding or support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Tickets/Passes</th>
<th>Distribute public purpose tickets 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.

   Lee Ann Fergerson
   Supervisor’s Assistant
   Print Name: Lee Ann Fergerson
   Title: Supervisor’s Assistant
   Date: 11-28-16

   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 ☐
   Face Value of Each Ticket/Pass $300.00
   Event Description Warrens
   Date(s) 12/31
   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 Ticket/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
      Number of Ticket/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Identify one of the following:
      ☐ To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      ☐

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

4. Verification
   ☐ I and ☐ 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Lee Ann Fergerson Supervisor's Assistant
   Print Name (Move, Day, Year) 11/20/16
   Comment:

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes □ No □
   - Event Description: **Warriors vs Heat**
   - Face Value of Each Ticket/Pass $ 800.00
   - Date(s) 10, 17
   - 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 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.

   **C.**
   - Name of Outside Organization
   - 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
   - Date 12/11/12

   Comment:

---

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

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

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

**Area Code/Phone Number**
(510) 272-6691

**E-mail**
leeann.fergerson@acgov.org

---

### Function or Event Information

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

- **Event Description**
  - Kanye

- **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 $**
  - 100.00

- **Date(s)**
  - 10, 23, 30

---

### Recipients

- **Use Section 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. Number of Agency, Department or Unit

- **Name of Agency, Department or Unit**
- **Number of Ticket(s) Passed**
- **Describe the public purpose made pursuant to this agency's policy**

#### B. Number of Individual

- **Name of Individual**
- **Number of Ticket(s) Passed**
- **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 [ ]

#### C. Number of Outside Organization

- **Name of Outside Organization**
- **Number of Ticket(s) Passed**
- **Describe the public purpose made pursuant to the agency's policy**

---

### Verification

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

- **Lee Ann Ferguson**
  - First Name
  - Supervisor's Assistant
  - Title

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

---

**Comment:**

---

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Event Description
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 $10,000
Date(s) 10.22.16

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

B. Name of Individual
Number of Ticket(s)/Pass(es)
Identify one of the following:
To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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

4. Verification
Lee Ann Ferguson
Print Name
Supervisor’s Assistant
Title
Date 11/22/16

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 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 Raiders
   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) 10, 16, 16
   If no: Gnev
   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 Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

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

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

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant
   Print Name 11/17/16
   Title

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Warriors/Nuggets
   Face Value of Each Ticket/Pass $800
   Date(s): 1/2/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Name of Source: Alameda County Supervisor Scott Haggerty, D1
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   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) or Pass(es)
      Describe the public purpose made pursuant to the agency's policy.

   B. Name(s) of Individual (last, first)
      Number of Ticket(s) or 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) or Pass(es)
      Describe the public purpose made pursuant to the agency's policy.
      BIKE EAST BAY
      4111 BIKETOPIA
      P.O. Box 1736
      Oakland, CA 94604
      4/1
      To reward a school or non-profit organization for its contributions to the community

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson, Supervisor's Assistant
   11/17/16
   (Month, Day, Year)

Comment:
Fundraiser Raffle Item supporting the vision of people of all ages and abilities biking for everyday transportation, for exercise, and for fun in the East Bay.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 50.00
   Event Description: Maha
   Date(s) 11/11/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: (SSW)
   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 or Unit
      Number of Ticket/Pass(ES)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
      Number of Ticket/Pass(ES)
      Describe the public purpose made pursuant to the agency's policy
      Identify one of the following:
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name
   Title
   11/14/16

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 Ferguson, 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 Warriors vs Grizzlies
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Face Value of Each Ticket/Pass $1,000
   Date(s) 1/6/17
   Ticket Distribution made at the behest of agency official? No □ Yes □

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

   Name of Individual
   Kristi Marlearn
   Number of Tickets/Passes
   4/1
   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:

4. Verification
   14.1 and 18942. 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
   Print Name
   Title
   Date (Month, Day, Year)

Comment:

FFPC Form 802 (4/12)
FFPC 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) 272-6681  
   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 $800.00  
   Date(s): 1/4/2017  
   Event Description:  
   Ticket(s)/Pass(es) provided by agency?  
   Yes [x] No [ ]  
   Name of Source: Alameda County Supervisor Scott Haggerty, D1  
   Was ticket distribution made at the behest of agency official?  
   No [ ] Yes [x]  

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

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

   **B.**  
   Name of Individual  
   Number of Ticket(s)/Pass(es)  
   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)  
   Ceremonial Role [x] Other [ ] Income [ ]  
   If checking "Ceremonial Role" or "Other" describe below.  
   Describe the public purpose made pursuant to the agency's policy  
   To reward a school or non-profit organization for its contributions to the community  

4. **Verification**  
   I have verified that the distribution set forth above is in accordance with the requirements.  
   Lee Ann Ferguson  
   Supervisor's Assistant  
   1/4/16  

Comment: **Giving wednesday - fundraiser. Funds raised will help you fund the most critical needs and help pursue a truly exceptional educational experience.**
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@acgov.org
   Date Stamp
   □ Amendment (Must provide explanation in Part 3)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description: Warriors
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Face Value of Each Ticket/Pass $ 1100
   Date(s) 1/16/17
   If no: __________________________
   If yes: __________________________
   Name of Source
   Alameda County Supervisor Scott Haggerty, D1
   Official’s Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
   Number of Tickets/Pass(es)
   Describe the purpose made pursuant to the agency’s policy
   B. Name of Individual
   Number of Tickets/Pass(es)
   Identify one of the following:
   Ceremonial Role □ Other □ Income □
   If checking “Ceremonial Role” or “Other” describe below:
   C. Name of Outside Organization
   Address of Organization
   Number of Tickets/Pass(es)
   Describe the purpose made pursuant to the agency’s policy
   Washington Hospital Health Care System
   2000 Morby Avenue, Fremont, CA 94536
   204
   To reward a school or non-profit organization for its contributions to the community.

Verification
944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
Lee Ann Fergerson
Supervisor’s Assistant
(510) 272-6691

Signature of Agency Head or Designee
Plaint Name
Title (Month, Day, Year)

Comment: Annual Tip-A-Hat Fundraiser

FFPC Form 802 (4/12)
FFPC Toll-Free Helpline: 866/ASK-FFPC (885/276-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Ferguson, Supervisor's Assistant
Area Code/Phone Number (510) 272-9691
E-mail leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Event Description [Warriors]
Face Value of Each Ticket/Pass $100
Date(s) 12/17/06
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
If no: GSW
Name of Source:
Alameda County Supervisor Scott Haggerty, D 1
If yes: 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: GSW
   Number of Tickets/Distribution:
   dollar amount: $100
   Identification of the public at the event pursuant to the agency's policy:

B. Name of Individual:
   Alison Brooks
   Number of Tickets/Distribution: 4
   Identification of the public at the event pursuant to the agency's policy:
   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:
   Identification of the public at the event pursuant to the agency's policy:

4. Verification
I declare that I have read and understand the requirements of Government Code Sections 18544.1 and 18542. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson
Supervisor's Assistant

Comment:

Signature of Agency Head or Designee:

Date Stamp

Date of Original Filing:

Amendment (Must provide explanation in Part 2.)

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-7772)
## Agency Report of:
### Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes □ No □  
Face Value of Each Ticket/Pass $125.00  
Event Description: **Warriors**  
Date(s): 11/3/16  
Ticket(s)/Pass(es) provided by agency? Yes □ No □  
Was ticket distribution made at the behest of agency official? Yes □ No □

**3. Recipients**

- **A. Name of Agency, Department or Unit**  
Social Services  
- **Number of Ticket/Passes**  
4/1  
- **Describe the public purpose made pursuant to the agency's policy**  
To reward a county employee for his or her exemplary service to the public

- **B. Name of Individual**  
- **Number of Ticket/Passes**  
- **Identify one of the following:**
  - Ceremonial Role □ Other □ Income □
  - If checking "Ceremonial Role" or "Other" describe below:  
  
- **C. Name of Outside Organization**  
(Receipient address and description):  
- **Number of Ticket/Passes**  
- **Describe the public purpose made pursuant to the agency's policy**

**4. Verification**

14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  
Lee Ann Ferguson  
Supervisor's Assistant  
Print Name  
Title  
Date (Month, Day, Year): 11/3/16

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 (510) 272-6691  
E-mail leeann.fergerson@acgov.org  
Date Stamp  
Date of Original Filing: [Month, Day, Year]

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☐ No ☐  
Face Value of Each Ticket/Pass $1350  
Event Description: Warriors Game  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐  
Date(s) 3.8.17  
If no:  
Name of Source GSW  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐  
If yes:  
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 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) | Ceremonial Role ☐ Other ☐ Income ☐  
To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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

American Widow Project 4/1  
To reward a school or non-profit organization for its contributions to the community.

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

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

Comment: Honoring our nations fallen heroes and the heroic widows they leave behind. Black Tie Gala & 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  E-mail
   (510) 272-6691  leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □  No □
   Event Description  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 $ 50.50
   Date(s) 10/30/16
   Name of Source
   Alameda County Supervisor Scott Haggerty, D 1
   Official's Name (Last, First)

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

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson  Supervisor's Assistant
   Print Name  Title  1/17/16
   (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)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-8691
   E-mail leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Event Description Disney on Ice
   Face Value of Each Ticket/Pass $ 50.00
   Date(s) 10/30/16
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: CSM
   Name of Source
   Was ticket distribution made at the behest of agency official? No [ ] Yes [ ]
   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 Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
   Ceremonial Role [ ] Other [ ] Income [ ]
   if checking "Ceremonial Role" or "Other" describe below:

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

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

Comment: [Signature]

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

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

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

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Face Value of Each Ticket/Pass $ 149.50
Event Description Golden State Music Festival
Provide Title/Explanation
Date(s) 10 / 14 / 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

BOS District 5  2  To reward a County employee for his or her exemplary service to the public or to encourage staff development
BOS District 5  2  To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

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

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

4. Verification
I have 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  11/03/16
[Signature]  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 ☒
Face Value of Each Ticket/Pass $ 110.20
Event Description R. Kelly
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 10 / 19 / 16
If no: Golden State Warriors
Name of Source
If yes: Carson, Keith
Official’s Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)
BOS District 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)

C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es)

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 11/03/16
Print Name Title (Month, Day, Year)

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No ☒
   Face Value of Each Ticket/Pass $ 126.00
   Event Description  Amy Schumer
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
   Date(s)  10 / 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.

   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
      Peter Pan Cooperative Nursery School
      4618 Allendale Ave. Oakland CA 94619
      4
      To reward a school or nonprofit organization for its contributions to the community

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

   /s/ Amy Shrago
   Amy Shrago  Supervisor's Assistant  11/03/16
   Print Name  Title  (Month, Day, Year)

   Comment:

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number 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 $ 137.25
Event Description Bad Boy Family Reunion
Provide Title/Explanation
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: 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 District 5</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

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

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

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

Amy Shrago  Supervisor’s Assistant  11/03/16
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 $ 149.50
Event Description Sia
Provide Title/Explanation
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
BOS District 5
Number of Ticket(s)/Pass(es) 4
Describe the public purpose made pursuant to the agency’s policy
To reward a County employee for his or her exemplary service to the public or to encourage staff development

B. Name of Individual
(Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
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 Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Print Name
Supervisor’s Assistant
Title
11/03/16
(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

   □ 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: Disney on Ice
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $ 50.50
   Date(s): 10 / 26 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ✗
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ✗
   If yes: 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
   Name, First
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ✗ Income ☐
   If checking "Ceremonial Role" or "Other" describe below.
   To reward a community volunteer for his or her service to the public.
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below.

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

4. Verification
   I have reviewed and approved this report in accordance with Government Code sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   ________________________________  ________________________________  ________________________________
   Amy Shrago  Supervisor's Assistant  11/03/16
   Supervisor or Designee  Print Name  Title  (Month, Day, Year)

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

### 2. Function or Event Information
- Does the agency have a ticket policy? No
- Event Description: Disney on Ice
- Face Value of Each Ticket/Pass: $55.50
- Date(s): 10/30/16
- Ticket(s)/Pass(es) provided by agency? No
- If no: Golden State Warriors
- If yes: Carson, Keith

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

- **B. Name of Individual**
  - Identify one of the following:
    - Ceremonial Role
    - Other
    - Income
  - If checking “Ceremonial Role” or “Other” describe below:

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

### 4. Verification
- I have read and understood FPPC Regulations 18944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
- Designee: Amy Shrago
- Supervisor’s Assistant: 11/03/16
- Print Name: Amy Shrago
- Title: Supervisor's Assistant
- Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ❑
   Event Description Disney 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 $ 55.50
   Date(s) 10 / 28 / 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
   BOS District 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 the 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
   (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 ☒
   - Face Value of Each Ticket/Pass $ ______ D 55.50
   - Event Description: Disney on Ice
   - Date(s): 10 / 29 / 16
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   - If no: Golden State Warriors
   - If yes: Carson, Keith

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

4. **Verification**
   - I have read the information on this form and the Alameda County 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
   - 11/03/16
   - Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description Warriors vs. Clippers
   Face Value of Each Ticket/Pass $250.00
   Date(s) 10 / 04 / 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
   Description of public purpose made pursuant to the agency’s policy
   Number of Ticket(s)/Pass(es)

   B. Name of Individual
   (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☒ Income ☐
   To obtain oversight of facilities or events that have received
   County funding or support
   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.

   Amy Shrago ☐ Supervisor’s Assistant ☐
   Print Name ☐ Title ☐
   (Month, Day, Year) ☐
   11/03/16

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 250.00
   Event Description Warriors vs. Trailblazers
   Date(s) 10 / 21 / 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 ☐
      Income ☐
      To promote health, motivate and provide expanded opportunities
to vulnerable populations in the County such as the disabled, und
      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  11/03/16
   Print Name  Title  (Month, Day, Year)

Comment: ____________________________

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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: Basketball Game
   Face Value of Each Ticket/Pass $1200 ticket/$30 park
   Date(s) 12/01/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: 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 (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+p
      2+p

   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 DLs 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie Supervisor’s Assistant 11.21.2016
   Print Name Title (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 $1200 ticket/$30 park
   Event Description: Basketball Game
   Date(s): 12 / 01 / 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)
      Ceremonial Role ☐ Other ☐ Income ☐
      Identify one of the following:
      If checking “Ceremonial Role” or “Other” describe below:
      To promote attendance at a(n)… event held at a County facility in order to maximize potential County revenue...
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      2

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

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

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

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

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

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Sarah Oddie

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Basketball Game
   Face Value of Each Ticket/Pass $ ☑ Yes ☑ No ☐
   Date(s) 12 / 03 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (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, 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
   Print Name
   Supervisor's Assistant
   Title 11.21.2016
   (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 $ __________ $800
   Event Description Basketball Game
   Date(s) 12 / 05 / 16 _________ / _________ / _________
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source Chan, Wilma
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

   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...
      maxime potential County revenue...parking & concession sales
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I, 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
   Sara 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
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Date Stamp
   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 Basketball Game
   Face Value of Each Ticket/Pass $800
   Date(s) 12/03/16
   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 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 hereby state that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie Supervisor’s Assistant 11.21.2016
   Signature of Agency head or Designee (Month, Day, Year)

Comment: 

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

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

Board of Supervisors
Designated Agency Contact (Name, Title)
Sarah Oddie

Area Code/Phone Number E-mail
(510) 272-6693 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 Basketball Game
Face Value of Each Ticket/Pass $800 ticket/$30 parking
Date(s) 12 / 05 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Golden State Warriors
If yes: Chan, Wilma
Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
Official’s Name (Last, First)

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

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
EBAYC, 2025 E 12th St, Oakland, CA 94606
To reward a school or nonprofit organization for its contributions to the community
To connect Asian American youth w/ caring & understanding adults

4. Verification
189441 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie Supervisor’s Assistant 11.21.2016
Print Name Title
(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)
Anna Gee

Area Code/Phone Number E-mail
510-891-5585 anna.gee@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
Basketball Game

Provide Title/Explanation

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

Face Value of Each Ticket/Pass $ 304.80

Date(s) 10/4, 10/21

If no: Golden State Warriors

Name of Source

If yes: Miley, Nate

Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus District 4 Staff</td>
<td>42</td>
<td>To reward a county employee for their exemplary service to the public</td>
</tr>
<tr>
<td>Bus District 4 Staff</td>
<td>42</td>
<td>To reward a county employee for their exemplary service to the public</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>Graham, Christine</td>
<td>4</td>
<td>Ceremonial Role ☑ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.</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, Anna Gee, hereby certify, on behalf of Alameda County, that I have reviewed and approved the distribution set forth above, and that the distribution is in accordance with the requirements of the California Public Records Act, Government Code Sections 18944.1 and 18942.

Signature of Agency Authorized to Distribute

Anna Gee

Print Name

Executive Assistant

Title

Date (Month, Day, Year)

Comment: Graham received 10/21.
# Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Alameda County

2. **Function or Event Information**
   - Event Description: Basketball Game
   - Ticket(s)/Pass(es) provided by agency: Yes
   - Was ticket distribution made at the behest of agency official: Yes
   - Face Value of Each Ticket/Pass: $304.80
   - Date(s): 11/20/16, 11/28/16
   - Name of Source: Golden State Warriors
   - Official’s Name (Last, First): Miley, Nale

3. **Recipients**

   **A. Name of Agency, Department or Unit**
   - Alameda County Sheriff’s
     - Number of Ticket(s)/Pass(es): 2
     - Public Purpose: To reward a County employee for their exemplary service to the public

   **B. Name of Individual**
   - Grums, Keith
     - Number of Ticket(s)/Pass(es): 2
     - Public Purpose: To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales

   - Taylor, Barbara
     - Number of Ticket(s)/Pass(es): 2

   **C. Name of Outside Organization (include address and description)**
   - Alpha Kappa Alpha
     - Number of Ticket(s)/Pass(es): 2
     - Public Purpose: To reward a non-profit organization for their contributions to the public

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.

   - Anna Gee
   - Executive Assistant

   Comment: Taylor and Grums received 11/28 for

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

2. Function or Event Information

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

Event Description: Basketball Game

Face Value of Each Ticket/Pass: $304.80

Date(s): 11/3/16

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

If no: Golden State Warriors

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

If yes: Miley, Nate

4. Verification

I have reviewed and verified 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: Anna Gee

Executive Assistant: 12/1/16