Agency Report of:
Ceremonial Role 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 $1400 ticket
   Date(s) 1 / 28 / 17
   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>
<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>Rivera, Leticia</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☑</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>If checking “Ceremonial Role” or “Other” describe below: To promote attendance...County sponsored event...County facility in order to maximize potential County revenue...concession sales</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee Sarah Oddie
   Print Name
   Supervisor’s Assistant
   Title
   Date Stamp 01.26.2017

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 $ ____________
   $1400 ticket
   Event Description Basketball Game
   Provide Title/Explanation
   Date(s) 1 / 28 / 17
   If yes: Golden State Warriors
   Name of Source
   If no: Chan, Wilma
   Official’s Name (Last, First)
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To promote attendance...County sponsored event...County facility
      in order to maximize potential County revenue...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 have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Sarah Oddie
   Supervisor’s Assistant
   01.26.2017
   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 $ 1400 ticket
   Date(s): 1/28/17
   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:
   Lam, Marianne | 3 | Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance...County sponsored event...County facility in order to maximize potential County revenue...concession sales
   | 3 | Ceremonial Role ☐ Other ☐ Income ☐
   | | If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I hereby certify under penalty of perjury under the laws of 189441 and 18942 that I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Sarah Oddie
   Supervisor's Assistant: Print Name
   Title:
   Date: 01.26.2017
   (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 $ $1400 ticket**
   **Event Description** Basketball Game
   **Date(s)** 1 / 28 / 17
   **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:** Chan, Wilma
   **Official's Name (Last, First)**

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

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

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

4. **Verification**
   I have understood FPPC Bulletin 189441 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**
   **Date (Month, Day, Year)** 01.26.2017

   **Comment:**

---

FPPC Form 802 (4/12)
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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   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 $1400 ticket/$30 park
   Date(s) 1/28/17
   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? Yes ☒ No ☐
   If yes: Chan, Wilma

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

   A. Name of Agency, Department or Unit | 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:
   McCormick, Mike | 2p | Ceremonial Role ☐ Other ☐ Income ☐
   
   2p | Ceremonial Role ☐ Other ☐ Income ☐

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee Sarah Oddie
   Supervisor's Assistant Print Name
   Title
   Date (Month, Day, Year) 01.26.2017

Comment: 

FPPC Form 802 (4/12)
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Sarah Oddie
   (510) 272-6693

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Basketball Game
   Face Value of Each Ticket/Pass: $1400 ticket/$30 park
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source: Golden State Warriors
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Official’s Name (Last, First): Chan, Wilma
   Date(s): 1/28/17

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

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

      B. Name of Individual (Last, First)
         Number of Ticket(s)/Pass(es)
         Identify one of the following:
         Ceremonial Role ☐ Other ☐ Income ☐
         To reward a community volunteer for 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 read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Sarah Oddie
   Supervisor’s Assistant: 01/26/2017

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

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

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

Date Stamp  
California Form 802  
For Official Use Only

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☑ No ☐  
Face Value of Each Ticket/Pass $1400 ticket/$30 park  
Event Description: Basketball Game  
Date(s): 1 / 28 / 17  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑  
If no: Golden State Warriors  
If yes: Chan, Wilma  
Name of Source  
Was ticket distribution made at the behest of agency official? No ☑ Yes ☐  
Official's Name (Last, First)

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

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

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐  
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...
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cravalho, Brian</td>
<td>3+p</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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4. Verification  
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

/ Signature of Agency Head or Designee  
Sarah Oddie  
Supervisor's Assistant  
Print Name  
Title  
01.26.2017  
(Month, Day, Year)

Comment:  

FPPC Form 802 (4/12)  
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   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 $1400 ticket/$30 park
   Date(s) 1/28/17
   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.

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, Frist)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geisner, Benjamin</td>
<td>3+p</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>3+p</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>
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</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>
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<tbody>
<tr>
<td></td>
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</table>

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

   Signature of Agency Head or Designee
   Sarah Oddie
   Supervisor's Assistant
   01.26.2017

   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
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 $ $450 ticket/$30 park
Date(s) 01/02/17
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>
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<tr>
<th>Name of Agency, Department or Unit</th>
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<tr>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th># Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce, Gloria</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th># 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 Women Voters Eden Area, P.O. Box 2234, Castro Valley, CA 94546</td>
<td>2+p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

Nonpartisan political org encouraging informed & active citizen particip in govt

4. Verification
I have read and understood CCPOR 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Sarah Oddie
Supervisor’s Assistant
01.25.2017
(Month, Day, Year)

Signature of Agency Head or Designee
Print Name
Title

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Sarah Oddie
Area Code/Phone Number 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 $800 ticket/$30 park
Date(s) 01/04/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
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.

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<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tam, Judy</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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4. Verification
I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Sarah Oddie
Print Name: Sarah Oddie
Supervisor’s Assistant: Sarah Oddie
Title: Supervisor’s Assistant
Date: 01.25.2017 (Month, Day, Year)

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

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

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Basketball Game
   Face Value of Each Ticket/Pass $ $800 ticket/$30 park
   Date(s) 01 / 06 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

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

4. **Verification**
   I hereby declare under penalty of perjury pursuant to Penal Codes 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 - 01.25.2017
   Print Name - Title -

   Comment: ____________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $800 ticket
   Date(s) 01 / 06 / 17
   If no: Golden State Warriors
   If yes: Chan, Wilma
   Name of Source
   Official’s Name (Last, First)

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

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

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

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

4. Verification
   I have signed AB 1894.1 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
   Signature of Agency Head or Designee | Date Stamp
   (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: PBR Velocity Tour
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If yes: Golden State Warriors
   Name of Source: Chan, Wilma
   Official’s Name (Last, First):

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

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...

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

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

   Signature of Agency Head or Designee: 
   Print Name: Sarah Oddie
   Supervisor’s Assistant: 
   Title: 
   Date: 01.25.2017

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Basketball Game
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 $ $950 ticket/$30 parking
Date(s) 01/10/17
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>
<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>Joseph, Megan</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 5 Alameda County, 1115 Atlantic Ave, Alameda, CA 94501</td>
<td>2+p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Support families and children 0-5 to improve early development</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Sarah Oddie Supervisor's Assistant
Print Name Title
01.25.2017 (Month, Day, Year)

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

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

2. **Function or Event Information**
   Does the agency have a ticket policy?  Yes ☑  No ☐
   Face Value of Each Ticket/Pass $ 800
   Event Description  Basketball Game
   Date(s) 01/12/17
   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**
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **B. Name of Individual**
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Ceremonial Role ☐  Other ☐  Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>2</td>
<td>Ceremonial Role ☐  Other ☐  Income ☐</td>
</tr>
<tr>
<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>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>SOS Meals on Wheels, 2235 Polvorosa Ave #260, San Leandro, CA 94577</td>
<td>2</td>
</tr>
<tr>
<td>Provide meals to homebound low-income seniors</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

4. **Verification**
   I, the undersigned, in accordance with Government Code Sections 18944.1 and 18942.1, have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie  Supervisor’s Assistant  01.25.2017
   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 $  
   $110.25
   Event Description  
   R. Kelly  
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?   Yes [X]  No
   Date(s)  
   01 / 15 / 17
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma  
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson, Carl Juan</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...County sponsored event...held at a County facility...to max. pot. County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></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>(include address and description)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Sarah Oddie  
Supervisor's Assistant  
01.25.2017

Signature of Agency Head or Designee  
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 Harlem Globetrotters
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 $82.85
Date(s) 01/21/17
If yes: Golden State Warriors
Name of Source Chan, Wilma
Official’s Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Leandro Boys &amp; Girls Club, 401 Marina Blvd, San Leandro, CA 94577</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Provides safe, high quality after school programs &amp; opportunities for youth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have, pursuant to Sections 19940.1 and 19942, I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie Supervisor’s Assistant 01.25.2017
Print Name Title (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number (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) 12 / 28 / 16
   If no: Golden State Warriors
   If yes: Chan, Wilma

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

<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>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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>Gebhart, Rebecca</td>
<td>2+p</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...County sponsored event...in order to maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td>2+p</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee
Sarah Oddie
Print Name
Supervisor's Assistant
Title
01.03.2017 (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   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 $ ________ $950 ticket
   Event Description: Basketball Game
   Date(s): 12/17/16
   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? 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)/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 verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie
   Supervisor’s Assistant
   01.03.2017
   (Month, Day, Year)

   Comment:
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
Provide Title/Explanation:
Date(s):
12 / 20 / 16
Face Value of Each Ticket/Pass:
$600 ticket/$30 parking
Ticket(s)/Pass(es) provided by agency:
Yes ☐ No ☒
If no:
Golden State Warriors
Name of Source:
If yes:
Chan, Wilma
Official’s Name (Last, First):
Was ticket distribution made at the behest of agency official?
No ☐ Yes ☒

3. Recipients
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+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 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:
01.03.2017 (Month, Day, Year)
Comment:
## 1. Agency Name

Alameda County

**Division, Department, or Region (If Applicable):**

Board of Supervisors

**Designated Agency Contact (Name, Title):**

Sarah Oddie

**Area Code/Phone Number**

(510) 272-6693

**E-mail**

sarah.oddie@acgov.org

### Date Stamp

- **California Form 802**
- For Official Use Only

**A Public Document**

### Amendment

(Must provide explanation in Part 3.)

**Date of Original Filing:**

(Date, Month, Year)

---

## 2. Function or Event Information

**Does the agency have a ticket policy?**

- Yes ☑
- No ☐

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

$600 ticket

**Event Description**

Basketball Game

**Date(s):**

12 / 20 / 16

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

- Yes ☐
- No ☑

**If no:**

Golden State Warriors

**Name of Source**

---

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

- Yes ☑
- No ☐

**If yes:**

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>
<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>(Last, First)</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

---

If checking "Income" 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>Parent Voices Oakland, 5232 Claremont Ave., Oakland, CA 94618</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

Parent-led grassroots org fighting to make quality childcare avail/affordable

---

## 4. Verification

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

Sarah Oddie

Supervisor's Assistant

01.03.2017

(Date, Month, Year)

**Signature or agency head or designee**

Comment:

---

FPPC Form 802 (4/12)

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

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

2. **Function or Event Information**
   
   **Does the agency have a ticket policy?**
   Yes ☒ No ☐
   
   **Event Description**
   Basketball Game
   
   **Face Value of Each Ticket/Pass**
   $450 ticket
   
   **Date(s)**
   12 / 28 / 16
   
   **Ticket(s)/Pass(es) provided by agency?**
   Yes ☐ No ☒
   
   **Was ticket distribution made at the behest of agency official?**
   Yes ☒ No ☐
   
   **If yes:**
   Chan, Wilma
   
3. **Recipients**
   
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.

   **A. Name of Agency, Department or Unit**
   
   **Number of Ticket(s)/Pass(es)**
   
   **Describe the public purpose made pursuant to the agency's policy**
   
   **B. Name of Individual**
   
   **(Last, First)**
   Bernstein, Ruth
   
   **Number of Ticket(s)/Pass(es)**
   2
   
   **Identify one of the following:**
   
   - Ceremonial Role ☐ Other ☐ Income ☐
   
   - To promote attendance...County sponsored event...in order to maximize potential County revenue...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.

   **Signature of Agency Head or Designee**
   
   **Sarah Oddie**
   
   **Supervisor's Assistant**
   
   **01.03.2017**
   
   **(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 ticket
Event Description Basketball Game
Provide Title/Explanation
Date(s) 12 / 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: Chan, Wilma
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lubin, Bert</td>
<td>2</td>
<td>To promote attendance...County sponsored event...in order to maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td>Herzfeld, Renee</td>
<td>2</td>
<td>To promote attendance...County sponsored event...in order to maximize potential County revenue...concession sales</td>
</tr>
</tbody>
</table>

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

4. Verification
I have ins 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
01.03.2017           (Month, Day, Year)

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

### 1. Agency Name
Alameda County

**Division, Department, or Region (If Applicable)**

Board of Supervisors

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

Sarah Oddie

**Area Code/Phone Number** (510) 272-6693

**E-mail** sarah.oddie@acgov.org

**Date Stamp**

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description** Basketball Game
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
- **Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐

**Face Value of Each Ticket/Pass** $950 ticket/$30 parking

**Date(s)** 12 / 17 / 16

**Name of Source**

- **If no:** Golden State Warriors
- **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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gardner, Linda</td>
<td>2+p</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

|                                  | 2+p                          | 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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

I have re ms 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**

01.03.2017

(Month, Day, Year)

**Signature of Agency Head or Designee**

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

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

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Football game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $ 275 ticket
Date(s) 12 / 24 / 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.

<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>Taylor, Debbie</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)… event held at a County facility in order to maximize potential County revenue…</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Sarah Oddie
Print Name
Supervisor’s Assistant
Title
01.03.2017
(Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 275 ticket/$35 parking
   Event Description Football game
   Date(s) 12 / 24 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Raiders
   Was ticket distribution made at the behest of agency official? No ☐ 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>
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<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>Blackwell, Fred</td>
<td>2+p</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2+p</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

   Signature of agency official authorized

   Sarah Oddie  Supervisor’s Assistant
   Print Name  Title
   01.03.2017  (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
   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 $800
   Event Description Warriors vs. Denver nuggets
   Date(s) 01/02/17
   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 ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAACP Hayward South County; 1218 B Street, Hayward CA 94541</td>
<td>4</td>
<td>To reward a non profit organization for its contributions to the community</td>
</tr>
<tr>
<td>Civil rights organization that works to ensure equality of minority citizens</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee Nancy Sa Supervisor’s Assistant
   Print Name ___________________________ Title ___________________________
   (Month, Day, Year) 12/06/17

   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 (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. Portland Trail Blazers
   Date(s) 01 / 04 / 17
   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
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

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

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Mt. Eden Friends of the Choir; 2300 Panama Street, Hayward CA 94545
      4
      To reward a non profit organization for its contributions to the community

5. Verification
   I have read and understood FPPC Provisions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Nancy Sa
   Supervisor’s Assistant
   Signature of Agency Head or Designee
   Print Name
   Title
   (Month, Day, Year)

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 $1000
   Event Description: Warriors vs. Memphis Grizzlies
   Date(s) 01/06/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source: Vallo, Richard - Supervisor District 2
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Vallo, 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:

      Li, Jason
      4
      Ceremonial Role ☐ Other ☑ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a community volunteer for his service to the public

     4
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Nancy Sa
   Print Name: Nancy Sa
   Supervisor's Assistant:
   Title:
   (Month, Day, Year)
   Signature:
   Print Name:
   Date:

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 $800
   Event Description Warriors vs. Miami Heat
   Date(s) 01 / 10 / 17
   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 | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Nancy Sa
   Print Name
   Supervisor’s Assistant
   (Month, Day, Year)
   ____________________________  ____________________________

Comment: ____________________________
**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   - Alameda County

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

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

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Event Description**
     - Warriors vs. Detroit Pistons
   - **Face Value of Each Ticket/Pass** $800
   - **Date(s)**
     - 01 / 12 / 17
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **Was ticket distribution made at the behest of agency official?** Yes ☒ No ☐
   - **Name of Source**
     - Golden State Warriors
   - **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**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency's policy**

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

   **C. Name of Outside Organization**
   - **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**
   - **Title**
   - **(Month, Day, Year)**

   **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 $82.25
Event Description Harlem Globetrotters
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? 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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☑ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peters, Mary</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

Signature of Agency Head or Designee: Nancy Sa
Print Name: Supervisor’s Assistant: Signature: 11/20/17 (Month, Day, Year)

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

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

**2. Function or Event Information**  
Does the agency have a ticket policy? **Yes** ☒ No ☐  
Face Value of Each Ticket/Pass $  
Event Description Harlem Globetrotters  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? **Yes** ☐ No ☒  
Date(s) 01 / 14 / 17  
If no: Golden State Warriors  
Name of Source  
Was ticket distribution made at the behest of agency official? **Yes** ☒ No ☐  
If yes: Valle, Richard- Supervisor District 2  
Official's Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eden Area YMCA; 951 Palisade Street, Hayward CA 94542</td>
<td>4</td>
<td>To reward a non profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Promotes healthy living and fosters a sense of social responsibility</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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/Pat Pass $ 800.00

Event Description Warriors Basketball
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?
Yes □ No □ Date(s) 3, 16, 17

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

If yes: Alameda County Supervisor Scott Haggerty, D 1

Official's Name (Last, First)

3. Recipients

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

| Name of Agency, Department or Unit | Number of Tickets Provided | Total Estimated Value of Tickets/Passes
|-----------------------------------|---------------------------|-------------------------------------|

| Name of Individual | Number of Tickets Provided | Total Estimated Value of Tickets/Passes
|-------------------|---------------------------|-------------------------------------|

| Name of Outside Organization (Include address and description) | Number of Tickets Provided | Total Estimated Value of Tickets/Passes
|---------------------------------------------------------------|---------------------------|-------------------------------------|

C. League of Volunteers 8440 Central Ave Suite 4/1
AYB Newark, CA 94560

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

4. Verification

1934.1 and 1942. 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
Petai Name

Jan 23, 2017 (Month, Day, Year)

Comment: A fundraiser "An Elegant Affair!" to benefit Fremont, Newark

& Union City Arts in Schools and the Community. Friday, Feb. 10, 2017 Went

FPPC TOLL-FREE Helpline: 866/ASK-FPPC (866/275-7772)
1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leeanne.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Harlem Globetrotters
   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 $ 82.25
   Date(s) 1/14/17
   Name of Source Alameda County Supervisor Scott Haggerty, D1
   Official's Name (Last, First)

3. Recipients
   Use Section A to Identify the agency's department or unit.
   Use Section B to Identify an Individual.
   Use Section C to Identify an outside organization.
   A. Name of Agency, Department or Unit
   B. Name of Individual
   David Names 4
   C. Name of Outside Organization
   Describe the public purpose made pursuant to the agency's policy.

4. Verification
   I, Lee Ann Ferguson, Supervisor's Assistant, declare under penalties of perjury that the distribution set forth above, is in accordance with the requirements.
   Form Date: 1-24-17
   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 (610) 272-6691
E-mail leean.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: Warriors/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 $1200
Date(s) 4/12/17
If no: Name of Source
Alameda County Supervisor Scott Haggerty, D 1

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

A. Name of Agency, Department or Unit: 
Number of Attendees: 
Ceremonial purpose(s) made pursuant to the agency's policy:

B. Name of Individual: 
Number of Tickets/Passes: 
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 Tickets/Passes: 
Ceremonial purpose(s) made pursuant to the agency's policy:
To reward a school or non-profit organization for its contributions to the community

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

Comment: To support H.S. Sports (fundraiser) raffle

Lee Ann Fergerson
6/9/17

Supervisor's Assistant

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/725-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Warriors/Kings
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $800.00
   Date(s): 2/15/17
   If no: (650)
   Name of Source: Alameda County Supervisor Scott Haggerty, D1
   Official's Name (Last, First)

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

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

   B. Name of Individual
   Number of Tickets/Passes
   Identity of the following:
   Suzanne Arines
   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:

   C. Name of Outside Organization
      (Include Address and Description)
      Number of Tickets/Passes
      Describe the public purpose that is pursuant to the agency's policy

4. Verification
   as 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   Signature of Agency Head or Designee
   Print Name

Comment:

Date Stamp: 12-24-17

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: [Name: P. Kelly]
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 $110.25
Date(s): 1, 15, 17

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

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

Signature of Agency Head or Designee: [Signature]
Print Name: Lee Ann Fergerson
Title: Supervisor's Assistant
Date (Month, Day, Year): 1-12-17

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 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 $80
   Event Description Basketball Game
   Date(s) 12/1 12/3
   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 (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      To promote attendance at an event held at a County facility in order to maximize potential 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
   19441 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
   Print Name: Anna Gee
   Title: Executive Assistant
   (Month, Day, Year): 11/4/17
   Comment: Simmons received 11/28 by .

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 Marvel & Mary J. Blige / NOT SO SLEET
Face Value of Each Ticket/Pass $ 147.50/85
Date(s) 12/7/16 12/10/16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Golden State Warriors
Name of Source

3. Recipients

<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>Mohammad</td>
<td>2</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>
<tr>
<td>Miley</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

C.

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

4. Verification
1994.1 and 19642. I have verified that the distribution set forth above, is in accordance with the requirements.

Anna Gee
Executive Assistant
1/5/17

Comment: Brocks record 12/10 trip.
## 3. Recipients

- Use Section 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>
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<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>Brooks/Pethrin</td>
<td>1</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>
<tr>
<td>Ceremonial Role</td>
<td>Other</td>
<td>Income</td>
</tr>
<tr>
<td>Ceremonial Role</td>
<td>Other</td>
<td>Income</td>
</tr>
<tr>
<td>Ceremonial Role</td>
<td>Other</td>
<td>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>
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<td></td>
</tr>
</tbody>
</table>
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   Alameda County

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes ✗ No ☐**
   - Event Description: **KMEZ House of Soul**
   - Face Value of Each Ticket/Pass $125.
   - Date(s) **12/18/16**
   - If no: **Golden State Warriors**

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
     - Number of Tickets: **Provide Title/Explanation**
     - Describe the public purpose made pursuant to the agency’s policy

   - **B. Name of Individual**
     - **Pete, Geoffrey**
     - Number of Tickets: **4**
     - Ceremonial Role: **☐** Other: **☐**
     - Income: **☐**
     - To promote attendance at an event held at a County facility in order to maximize potential County revenue through park and concession sales

   - **C. Name of Outside Organization**
     - Number of Tickets: **Provide address and description**
     - Describe the public purpose made pursuant to the agency’s policy

---

**Signature of Agency/Executive Designee:**

**Signature:** Anna Gee

**Print Name:** Executive Assistant

**Title:** 11/6/17

**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 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 $304.80
   Event Description Basketball Game
   Date(s) 12/17/17 12/20/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes, Official's Name (Last, First) 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

   A. Name of Agency, Department or Unit

   Number of Ticket(s)/Pass(es)

   Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual

   Number of Ticket(s)/Pass(es)

   Identify one of the following:
   - Ceremonial Role ☐ Other ☐ Income ☐
     If checking "Ceremonial Role" or "Other" describe below:
     Ceremonial Role ☐ Other ☐ Income ☐
     If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization

   Number of Ticket(s)/Pass(es)

   Describe the public purpose made pursuant to the agency's policy
   League of Women Voters Alameda County
   4 to reward a non profit organization for their 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 Anna Gee
   Title Executive Assistant
   Date 1/4/17

   Comment:
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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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (last, first)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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 [ ]                   |

|                                      |                               | Ceremonial Role [ ]          |
|                                      |                               | Other [ ]                    |
|                                      |                               | Income [ ]                   |

<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>East Bay Eisenhower</td>
<td>4</td>
<td>To reward a non-profit for their contributions to the community</td>
</tr>
<tr>
<td>2450 Washington Ave #240</td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Leandro 94577</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult With Disabilities Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hayward Arts Council</td>
<td>4</td>
<td>To reward a non-profit organization for their contributions to the community</td>
</tr>
<tr>
<td>2199 Fordham Blvd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hayward, 94541</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art Promotion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

#### 1. Agency Name
Alameda County

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

**Designated Agency Contact (Name, Title):**
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
  - Provide Title/Explanation
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐
- **Face Value of Each Ticket/Pass:** $384.88
- **Date(s):** 12/28/17, 12/30/17
  - **If no:** Golden State Warriors
  - **Name of Source:** Miley, Nate

#### 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**
  - Oseman, Cole
  - **Number of Ticket(s)/Pass(es)**
  - **Identify one of the following:**
    - **Ceremonial Role** ☐
    - **Other** ☑
  - **Income** ☐
  - **To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.**

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

#### 4. Verification

- **Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.**

**Signature of Agency Head or Designee**
Anna Gee

**Print Name**
Executive Assistant

**Title**

**Date:** 1/4/17

**Comment:**

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California Form 802
For Official Use Only

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** 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** $304.80

**Date(s)** 12/5, 12/14, 12/15, 12/16

**If no:** Golden State Warriors

**Name of Source:** Miley, Nale

**Official’s Name (Last, First):**

### 3. Recipients

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harrison, Nathaniel</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑</td>
</tr>
</tbody>
</table>

**To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.**

#### 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>PTA 1454 Santa Rita Rd. Pleasanton 94566 School Support</td>
<td>4</td>
<td>To reward a nonprofit for their contributions to the community.</td>
</tr>
</tbody>
</table>

### 4. Verification

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

**Signature of Agency Head or Designee:**

**Anna Gee**

**Executive Assistant**

**Title**

**Date:** 1/4/17

**Comment:** <PTA revoked 12/15>
### 3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<table>
<thead>
<tr>
<th>B. Name of Individual (Last Name)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albanisi, Nelson</td>
<td>2</td>
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<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>
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</tbody>
</table>

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