Agency Report of:
Ceremonial Role 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 $ $1550 ticket
Event Description Basketball Game Date(s) 02 / 08 / 17
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: 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:
Colon, Luis 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
2

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

4. Verification
I hereby declare under penalty of perjury that the information set forth above is true and correct.

Sarah Oddie Supervisor’s Assistant 02.28.2017
Print Name Title (Month, Day, Year)

Comment:

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

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

Face Value of Each Ticket/Pass $50.00
Date(s) 02/18/17
Name of Source: Golden State Warriors
If yes: Carson, Keith
Official's Name (Last, First)

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

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
Brown, James 3 Ceremonial Role ☐ Other ☑ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
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 ha: regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago Supervisor's Assistant 02/28/17
Print Name Title (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description: Warriors vs. Hornets
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 950.00
   Date(s): 02 / 01 / 17
   If no: Golden State Warriors
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To review the ability of a facility or its operator to participate in the County's job creation goals or job training programs.</td>
</tr>
</tbody>
</table>

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

4. Verification
   I hereby certify that the information set forth above is true and correct to the best of my knowledge.
   Amy Shrago
   Supervisor's Assistant
   Print Name
   Title
   Date: 02/28/17

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □  No X
   Event Description Warriors vs. Bulls
   Ticket(s)/Pass(es) provided by agency? Yes □  No X
   Was ticket distribution made at the behest of agency official? No □  Yes X
   Face Value of Each Ticket/Pass $1550.00
   Date(s) 02 / 08 / 17
   If no: Golden State Warriors
   If yes: Carson, Keith

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

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

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

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

4. Verification
   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
   Amy Shrago
   Supervisor's Assistant
   02/28/17

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

2. Function or Event Information
Does the agency have a ticket policy? [ ] Yes [ ] No
Face Value of Each Ticket/Pass: $950.00
Event Description: Warriors vs. Kings
Date(s): 02/15/17
Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No
If no: Golden State Warriors
Name of Source: Carson, Keith
If yes: [ ] Official's Name (Last, First)

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

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

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

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

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

Amy Shrago
Print Name
Supervisor's Assistant
Title
02/28/17
(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)
   Amy Shrago
   Area Code/Phone Number  E-mail
   (510) 272-6695  amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐  No ☑
   Event Description  Warriors vs. Clippers
   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 $ 1550.00
   Date(s) 02 / 23 / 17
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

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

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

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

   Amy Shrago  Supervisor's Assistant  02/28/17
   Title  (Month, Day, Year)

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [x]  
- **Event Description**: Warriors vs. Nets
- **Face Value of Each Ticket/Pass**: $800.00
- **Date(s)**: 02 / 25 / 17
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If no:** Golden State Warriors
- **Name of Source**: Carson, Keith

### 3. Recipients
- **A. Name of Agency, Department or Unit**
  - [ ] Describe the public purpose made pursuant to the agency's policy

- **B. Name of Individual (Last, First)**
  - **Carson, Keith**
  - **Number of Ticket(s)/Pass(es)**: 4
  - **Ceremonial Role** [x] Other [ ] Income [ ]
  - **To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy**

- **C. Name of Outside Organization (include address and description)**
  - [ ] Describe the public purpose made pursuant to the agency's policy

### 4. Verification
- **I have** [ ] Yes [x] No
  - **Amy Shrago**
  - **Supervisor’s Assistant**
  - **Print Name**: 
  - **Title**: 
  - **Date**: 02/28/17

**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)**
   - Amy Shrago

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

   **E-mail**
   - amy.shrago@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes ☐ No ☒
   - **Face Value of Each Ticket/Pass $**
     - 1200.00
   - **Event Description**
     - Warriors vs. 76ers
   - **Date(s)**
     - 03 / 14 / 17
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes ☐ No ☒
   - **If no: Golden State Warriors**
     - **Name of Source**
     - Carson, Keith
     - **Official’s Name (Last, First)**
     - [Space for Name]

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

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

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

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

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

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

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

   **Describe the public purpose made pursuant to the agency’s policy**

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

   **Designee:**
   - Amy Shrago

   **Supervisor’s Assistant**
   - [Space for Name]

   **Date:**
   - 02/28/17

   **Comment:**
   - [Space for Comment]
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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

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

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

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

B. Name of Individual  
Number of Ticket(s)/Pass(es)  
Identify one of the following:  
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 Entity or 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, [Signature], have verified that the distribution set forth above, is in accordance with the requirements.  
Lee Ann Fergerson  
Supervisor’s Assistant  
Title  
(Month, Day, Year)  
Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (666/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Face Value of Each Ticket/Pass $1550 ticket/$30 park
   Date(s) 02/08/17
   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? Yes ☒ No ☐
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>
</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>Woods, Brendon</td>
<td>2+p</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2+p</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification
   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: Sarah Oddie
   Print Name: Supervisor's Assistant
   Title: 02.28.2017

   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 ☐
Event Description Armin Only Embrace World Tour
Face Value of Each Ticket/Pass $ $79.50
Date(s) 02 / 03 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Chan, Wilma

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

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

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

C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
The GET FREE Project, 524 East 17th St., Oakland, CA 94606 2 To reward a school or nonprofit organization for its contributions to the community
Civic engagement project uses power of candidacy to build power for 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.

Sarah Oddie
Print Name
Supervisor’s Assistant
Title
Date 02.27.2017
(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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Face Value of Each Ticket/Pass $79.50
   - Event Description: Armin Only Embrace World Tour
   - Date(s): 02 / 03 / 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? 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>
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<tr>
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<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<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>The BIZ Stoop, 2781 Telegraph,</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Oakland, CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premier social enterprise built for &amp;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>by millennials to incr. Black life expectancy</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
   - Supervisor's Assistant: Supervisor's Title
   - Date: 02.27.2017

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 Monster Energy Supercross
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 $ 133.75
Date(s) 02 / 04 / 17
If no: Oakland Athletics
If yes: Chan, Wilma
Name of Source
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Dig Deep Farms, 16378 E 14th St. #102 San Leandro, CA 94578</td>
<td>3</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Network of integrated food biz provides access to healthy food + jobs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verifier
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
02.27.2017 (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**

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

   **Amendment** (Must provide explanation in Part 3.)

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Face Value of Each Ticket/Pass $** $125.00
   - **Event Description** La Arrolladora
   - **Date(s)** 02 / 11 / 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...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**

   - SSCF, 1470 Fruitvale Ave, Oakland, CA 94601
   - To reward a school or nonprofit organization for its contributions to the community

   Help East Bay families improve lives, embrace heritage, develop civic leaders

4. **Verification**

   I, [Signature of agency head or designee]

   **Sarah Oddie**

   **Supervisor's Assistant**

   **02.27.2017**

   **Print Name**

   **Title**

   **(Month, Day, Year)**

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

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

## 1. Agency Name

**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:** $80

- **Event Description:** Santa Cruz Warriors v. OK City Blue

- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐  
  **Date(s):** 02/12/17

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

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

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

### B. Name of Individual

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

- Ceremonial Role ☐  Other ☐  Income ☐
  **If checking “Ceremonial Role” or “Other” describe below:**

- Ceremonial Role ☐  Other ☐  Income ☐
  **If checking “Ceremonial Role” or “Other” describe below:**

### C. Name of Outside Organization

<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>

- Jr. Warrior Basketball League, 250 Frank Ogawa Plaza Ste 3330, Oakland 94612  
  **Number of Ticket(s)/Pass(es):** 4  
  **Description:** To reward a school or nonprofit organization for its contributions to the community  
  **Enhance existing youth leagues by providing exciting components**

## 4. Verification

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

- **Sarah Oddie**  
  **Print Name:**  
  **Supervisor’s Assistant**  
  **Title:**  
  **Date:** 02.27.2017

**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 $** $50
   - **Date(s)** 02/18/17
   - **Event Description** Monarch Jam
     - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
     - **Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐
     - **If no:** Oakland Athletics
       - **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.
   - **Name of Agency, Department or Unit**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency’s policy**

   **1. To reward a community volunteer for his or her service to the public**
   - **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:**

4. **Verification**
   - **Signature of Agency Head or Designee** Sarah Oddie
   - **Supervisor’s Assistant** Print Name
   - **Title**
   - **Date (Month, Day, Year)** 02.27.2017
Agency Report of:
Ceremonial Role 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 $950
   Event Description: Basketball Game
   Date(s): 02 / 01 / 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? Yes ☑ No ☐
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Camp Wilmont Sweeney
      1
      To provide opportunities...who are receiving services from County agencies consistent...agency’s goals for the particular population

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Tafoya, Dale
      1
      Ceremonial Role ☐ Other ☐ Income ☐
      To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...

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

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
   02.27.2017
   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: (510) 272-6693
   - E-mail: sarah.oddie@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes**
   - Event Description: Basketball Game
   - Face Value of Each Ticket/Pass: $950 ticket/$30 parking
   - Date(s): 02 / 01 / 17
   - Ticket(s)/Pass(es) provided by agency: **Yes**
   - If no: Golden State Warriors
   - If yes: Chan, Wilma

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

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

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

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

   **Gregory, Michael**
   - **2+p**
   - **To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...**
   - **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
   - Supervisor's Assistant: Supervisor's Assistant
   - Date: 02.27.2017

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 ☐
Event Description Basketball Game
Provide Title/Explanation
Date(s) 02/15/17
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
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>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brill, Fred</td>
<td>2+p</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td>Brill, Fred</td>
<td>2+p</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

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

Sarah Oddie
Supervisor’s Assistant
Print Name
Title

02.27.2017 (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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Basketball Game
   Face Value of Each Ticket/Pass $ $950 ticket
   Date(s) 02 / 15 / 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? Yes ☑ No ☐
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor's Assistant
   02.27.2017
   (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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $1550 ticket/$30 park
   Event Description Basketball Game
   Date(s) 02/23/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source Chan, Wilma
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   To promote attendance ...event held at a County facility 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 verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor’s Assistant
   02.27.2017
   (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

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 $1550 ticket
Date(s) 02 / 23 / 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.

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

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

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

Signature of Agency Head or Designee: Sarah Oddie
Print Name: Supervisor’s Assistant: 02.27.2017
Title: (Month, Day, Year)

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

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

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes X No □
Face Value of Each Ticket/Pass $800
Event Description Basketball Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No X
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>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>Boskovitch, Alex</td>
<td>2</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility in order to maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td>Lord-Hausman, Audrey</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>
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<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

gulations 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 02.27.2017
Print Name Title
(Month, Day, Year)

Comment: ____________________________

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

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

**Designated Agency Contact (Name, Title)**
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 $**  79.50

**Event Description**
Armin Only Embrace World Tour

Provide Title/Explanation

**Date(s) 02 / 03 / 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>
</tbody>
</table>

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

<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>Union City Kids Zone; 725 Whipple Road, Union City CA 94587</td>
<td>4</td>
<td>To reward a non profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Promotes &quot;cradle to career&quot; success by engaging and empowering children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**4. Verification**

18042. I have verified that the distribution set forth above, is in accordance with the requirements.

Nancy Sa  Supervisor’s Assistant  2/27/17

**Signature or 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)  
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 $ 133.75  
Date(s) 02 / 4 / 17

Event Description  MONSTER ENERGY SUPERCROSS  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency?  
Yes ☑  No ☐  
If no: Golden State Warriors  
Name of Source  
If yes: Valle, Richard- Supervisor District 2  
Official's Name (Last, First)

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

<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:  |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></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>Union City Kids Zone: 725 Whipple Road, Union City CA 94587</td>
<td>4</td>
<td>To reward a non profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Promotes &quot;cradle to career&quot; success by engaging and empowering children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification  
8944.1 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  
2/27/17  
(Month, Day, Year)  
FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description La Arrolladora
   Face Value of Each Ticket/Pass $ 125
   Date(s) 02 / 11 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If yes: 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) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   └─────────────────────────┬───────────────┬───────────────┐
   Mendoza, Eleazar | 4 | Ceremonial Role ☐ Other ☑ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To reward a community member for his contributions to the public.

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of agency head or designee: Nancy Sa
   Print Name
   Supervisor's Assistant
   Title
   (Month, Day, Year)
   2/27/17

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)
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 $ 78.75
Event Description WWE Live Road to WrestleMania
Provide Title/Explanations
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 02/13/17
If no: Golden State Warriors
If yes: Valle, Richard - Supervisor District 2
Name of Source
Official’s Name (Last, First)

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

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

B. Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☒ Income ☐
To reward a community member for his contributions to the public.

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

4. Verification
I have read and understood FPPC Regulations 802, 4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Nancy Sa
Print Name
Supervisor’s Assistant
Title
2/27/17
(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 (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 Monster Jam
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $ 50
Date(s) 02 / 18 / 17
If no: Oakland Athletics
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tr>
<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>McVoy, Zion</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community member for his contributions to the public.</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>
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4. Verification
44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee ________________________________
Nancy Sa
Print Name
Supervisor’s Assistant
Title
2/27/17 (Month, Day, Year)

Comment: ________________________________________________________

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Warriors vs. Charlotte Hornets
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $ 800
Date(s) 02 / 17
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

<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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<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>Degeus, Duane</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community member for his contributions to the public.</td>
</tr>
<tr>
<td>Castillo, Patricia</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community member for her contributions to the public.</td>
</tr>
</tbody>
</table>

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

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

Nancy Sa
Print Name
Supervisor's Assistant
Title
2/27/17 (Month, Day, Year)

Comment: Includes 1 parking pass at the value of $30 each
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nancy Sa
   Area Code/Phone Number (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. Chicago Bulls
   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) 02 / 8 / 17 /
   If no: Golden State Warriors
   Name of Source: [Name]
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      
      
   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a community member for his contributions to the public.
      
      
   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      
      
4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Nancy Sa
   Supervisor's Assistant
   Print Name
   Title
   Date (Month, Day, Year) 2/27/17
   Comment: Includes 1 parking pass at the value of $30 each

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

1. Agency Name  
Alameda County  
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 $800  
Event Description  
Warriors vs. Sacramento Kings  
Date(s) 02 / 15 / 17  
Ticket(s)/Pass(es) provided by agency?  
Yes ☑ No ☐  
If no:  
Golden State Warriors  
Name of Source  
If yes:  
Valle, Richard- Supervisor District 2  
Official’s Name (Last, First)

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</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>Rotary Club of Newark; 4978 Swindon Place, Newark CA 94560</td>
<td>4</td>
<td>To reward a non profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Empowers and improves the community through community service projects</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification  
944.1 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  
Date 2/27/17  
Supervisor’s Assistant  
Print Name  
Title  
(Month, Day, Year)

Comment:  
Includes 1 parking pass at the value of $30 each
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Alameda County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td>Board of Supervisors</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td>Nancy Sa</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>(510) 272-6692</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:nancy.sa@acgov.org">nancy.sa@acgov.org</a></td>
</tr>
</tbody>
</table>

2. Function or Event Information

| Does the agency have a ticket policy? | Yes ☑ No ☐ |
| Event Description | Warriors vs. LA Clippers |
| 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 $ | 1350 |
| Date(s) | 02 / 23 / 17 |
| If no: | Golden State Warriors |
| Name of Source | Valle, Richard - Supervisor District 2 |

3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany, Burlin</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
</tbody>
</table>

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

4. Verification

3944.1 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

Date: 2/27/17

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $1100
   Event Description Warriors vs. Brooklyn Nets
   Date(s) 02 / 25 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard - Supervisor District 2
   Official’s Name (Last, First)

3. Recipients
   • Use Section A to identify the agency’s department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   Collett, Cheryl 4 Ceremonial Role ☐ Other ☒ Income ☐
   To reward a community volunteer for her service to the public.
   4 Ceremonial Role ☐ Other ☐ Income ☐
   C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

4. Verification
   944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Nancy Sa Supervisor’s Assistant (Month, Day, Year)

Comment: Includes 1 parking pass at the value of $30 each.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Warriors/Grizzlies
   Face Value of Each Ticket/Pass $800
   Date(s): 3-14-17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

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

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

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

   Signature: Lee Ann Fergerson
   Title: Supervisor's Assistant
   Date: 3-17-17

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 Ferguson, Supervisor’s Assistant
Area Code/Phone Number   E-mail
   (510) 272-8691 leaann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description: Warriors/Flowers
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Face Value of Each Ticket/Pass $2000
   Date(s) 3-11-17
   If no: ○
   Name of Source: Alameda County Supervisor Scott Haggerty, D 1
   Was ticket distribution made at the behest of agency official? Yes □ No □
   If yes: ____________________

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

   A. Name of Agency Department or Unit
   Number of Tickets/Passes (If Applicable)
   Purpose of giving the tickets/passes (if different from agency’s policy)
   To obtain oversight of facilities or events that have received County funding or support
   B. Name of Individual
   Number of Tickets/Passes
   Identity of following:
   Commercial Rate □ Other □ Income □
   If checking “Commercial Rate” or “Other” describe below:
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales

   C. Name of Agency Organization, Individual, or Non-Profit Organization
   Number of Tickets/Passes
   Purpose of giving the tickets/passes (if different from agency’s policy)
   To reward a school or non-profit organization for its contributions to the community

4. I declare under penalty of perjury under the laws of California and the United States of America that the information contained in this report is true and correct.
   Lee Ann Ferguson
   Supervisor’s Assistant
   2-15-17
   Print Name
   Title

Comment: ________________________________

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Face Value of Each Ticket/Pass $ 1200
Event Description **Warriors**
Provide Title/Explanation
Date(s) 2/8/17
Ticket(s)/Pass(es) provided by agency? Yes □ No □
If no: ____________________________
If yes: ____________________________
Name of Source
Alameda County Supervisor Scott Haggerty, D 1
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doug Matheny</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td>Ceremonial Role □ Other □ Income □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></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>
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</tr>
</tbody>
</table>

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

Lee Ann Fergerson
Supervisor's Assistant

Comment: ____________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 50.00
   Event Description: Monster Jam
   Date(s) 2.18.17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, D1

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

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

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

   C. Name of Outside Organization (Include a Brief Description)
   Number of Tickets/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

4. Verification
   8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   (Month, Day, Year)
   Signature or Agency Seal or Designation

Comment:

FFPC Form 892 (4/12)
FFPC Toll-Free Helpline: 866/ASK-FFPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

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

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

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

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

Face Value of Each Ticket/Pass $123.75

Event Description
Provide Title/Explanation
Superross

Date(s) 2/4/17

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

If no: GSW
Name of Source

If yes: Alameda County Supervisor Scott Haggerty, D1

Official’s Name (Last, First)

3. Recipients

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

B. Name of Individual
Brandon Baldwin

<table>
<thead>
<tr>
<th>Number of Tickets/Passes</th>
<th>Identity one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization (Include Address and Description) | Number of Tickets/Passes | Describe the public purpose made pursuant to the agency’s policy |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

4. Signature of Agency Head or Designee
Lee Ann Fergerson

Print Name
Supervisor's Assistant
Title

Comment:

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

Amendment (Must provide explanation in Part 3.)

Date Stamp
California Form 802
For Official Use Only

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐  No ☐
   Event Description La Arrolladora
   Face Value of Each Ticket/Pass $125.00
   Date(s) 2/11/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐  No ☐
   If no: [Signature]
   Name of Source
   Alameda County Supervisor Scott Haggerty, D 1
   Was ticket distribution made at the behest of agency official? No ☐  Yes ☐
   If yes: [Signature]
   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/Pass(es)</th>
<th>Describe the public purpose more pertinent to the agency's policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antonio Garcia</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

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

   Lee Ann Fergerson  Supervisor's Assistant  2-8-17

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 E-mail
510-891-5585 anna.gee@acgov.org

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $204.80

Event Description Basketball Game

Date(s) 1, 2, 17, 1, 4, 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? Yes ☑ No ☐

If yes: Miley, Nate

Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit

Name of Agency, Department or Unit: Alameda County

Number of Ticket(s)/Pass(es) 2

Describe the public purpose made pursuant to the agency's policy: To reward a county employee for their exemplary service to the public.

B. Name of Individual

Name of Individual: Spencer, Michael

Number of Ticket(s)/Pass(es) 2

Identify one of the following:

- Ceremonial Role ☐ Other ☑

If choosing "Ceremonial Role" or "Other," describe below:

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)

Name of Organization: Tri-Valley Youth 5000 Peasant New 90536

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

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

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
Executive Assistant

(Initials) (Print Name) (Title)

Date: 2/1/17

(Month, Day, Year)

Comment: 

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Anna Gee
Area Code/Phone Number 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 $364.80
Event Description Basketball Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
If yes: Miley, Nate
Official’s Name (Last, First)
Date(s) 1/6/17, 1/10/17

3. Recipients
A. Name of Agency, Department or Unit
Healthcare Services Agency
Number of Ticket(s)/Pass(es) 2
Describe the public purpose made pursuant to the agency’s policy To reward a county employee for their exemplary service to the public
B. Name of Individual
Harrison, Nathaniel
Number of Ticket(s)/Pass(es) 4
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)
To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.

4. Verification
I have read and understood FPPC Regulations 19344.1 and 19342. I have verified that the distribution set forth above, is in accordance with the requirements.
Anna Gee
Executive Assistant
[Signature]
(Title)
3/1/17 (Month, Day, Year)

Comment: Harrison received 1/10 ticket.
Agency Report of:
Ceremonial Role 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 ☑
   Face Value of Each Ticket/Pass $304.80
   Date(s) 1/12/17, 1/16/17
   If no: Golden State Warriors
   Name of Source
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

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

Comment: Walker received bb the
### Agency Name
Alameda County

### Recipients

* Use Section 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>
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<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>Waller, Christine</td>
<td>4</td>
<td>Ceremonial Role ☑ Other ☑ Income ☑</td>
</tr>
</tbody>
</table>

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

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

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