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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Basketball Game
- **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:** $1,400 ticket/#30 park
- **Date(s):** 03 / 08 / 17
- **Name of Source:** Golden State Warriors
- **Official’s Name (Last, First):** Chan, Wilma

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

<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>Wong, Ryan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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**

<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>Self-Help for the Elderly, 731 Sansome Street, Suite 100, San Francisco, CA</td>
<td>2+p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

### 4. Verification
- I have verified that the distribution set forth above, is in accordance with the requirements.
- **Sarah Oddie**
- **Supervisor’s Assistant**
- **Date:** 03.27.2017

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

   Date Stamp
   California Form 802
   For Official Use Only

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ __________
   Event Description Basketball Game
   Date(s) 03 / 14 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      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
   03.27.2017
   (Month, Day, Year)

   Signature of Agency Head or Designee
   Print Name
   Title

   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

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   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Sarah Oddie

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ _1200 ticket
   Event Description Basketball Game
   Provide Title/Explanation
   Date(s) 03 / 14 / 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, Wima
   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

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

   Sarah Oddie Supervisor's Assistant
   Supervisor
   (510) 272-6693 03.27.2017
   (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 $ __________
   Event Description Basketball Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) __________ / __________ / __________
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      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, Sarah Oddie, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Print Name
   Title
   Date: 03.27.2017
   (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 E-mail
   (510) 272-6693 sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   
   Event Description Basketball Game
   
   Face Value of Each Ticket/Pass $1200 ticket
   
   Date(s) 03 / 16 / 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
   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
   s 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
   03.27.2017
   (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

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

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

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 ☒

   **If no:**
   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.

   **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:**

<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>Arden, Kristin</td>
<td>2</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></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda Boys and Girls Club, 1900 3rd St, Alameda, CA 94501</td>
<td>2+p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

4. **Verification**

   Labors 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**
   03.27.2017

   **Title**
   (Month, Day, Year)

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

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

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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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Face Value of Each Ticket/Pass $ $1200 ticket/$30 park
   Date(s) 03 / 26 / 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
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☐ Income ☐
      Identify one of the following:
      If checking “Ceremonial Role” or “Other” describe below:
      To promote attendance ...event held at a County facility in order to maximize potential County revenue...concession sales
      4+p
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      4+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. I declare under penalty of perjury under section 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
   03.27.2017
   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 ☑ No ☐

**Face Value of Each Ticket/Pass:** $1200 ticket/$30 park

**Event Description:** Basketball Game

**Provide Title/Explanation:**

**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):**

**Date(s):** 03 / 26 / 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

<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>Cravalho, Brian</td>
<td>3+p</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></td>
<td></td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

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

### 4. Additional Information

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:** 03.27.2017

**Signature:**

FPPC Form 802 (4/12)
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**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 ☒ |
| If yes: | Golden State Warriors |
| Name of Source | Chan, Wilma |
| Date(s) | 03 / 26 / 17 |
| Face Value of Each Ticket/Pass | $1200 ticket/$30 park |
| 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.

<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.

<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>Chang, Emily</td>
<td>2+p</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+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>

#### 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

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

Signature of Agency Head or Designee: Sarah Oddie  
Print Name:  
Title:  
Date: 03.27.2017 (Month, Day, Year)

Comment:  

FPPC Toll-Free Helpline: 866/ASK.FPPC (866/275-7772)
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1. Agency Name
   Alameda County
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   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number E-mail
   (510) 272-6693 sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Face Value of Each Ticket/Pass $ 1200 ticket
   Date(s) 03 / 26 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
      Name of Source
   If yes: Chan, Wilma
      Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following.
   ____________________________________________________________
   Kubo, Theresa 2
   To promote attendance ...event held at a County facility in order to maximize potential County revenue...concession sales
   ____________________________________________________________
   Geisner, Benjamin 2
   To promote attendance ...event held at a County facility 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
   Ions 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
   Signature
   Title
   Supervisor's Assistant
   03.27.2017
   (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

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

   Designated Agency Contact (Name, Title)
   Sarah Oddie

   Area Code/Phone Number (510) 272-6073
   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 $ 1200 ticket
   Date(s) 03 / 26 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   If yes: Chan, Wilma

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

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

   B. Name of Individual (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

   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. Signature of Agency Head or Designee

   Sarah Oddie
   Supervisor’s Assistant
   03.27.2017
   (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 ☐
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 $ 1200 ticket
Date(s) 03/26/17
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>
</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>Rivera, Leticia</td>
<td>3</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>3</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification
I have reviewed the information contained herein and certify that the distribution set forth above, is in accordance with the requirements.
Sarah Oddie
Print Name
 Supervisor’s Assistant
Title
03.27.2017
(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 $ 75
   Event Description: DOI: Worlds of Enchantment
   Event Description: Provide Title/Explanation
   Date(s): 03/01/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   If yes: Chan, Wilma
   Name of Source: Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Geisner, Benjamin | 2 | 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
   Alameda Recreation and Parks Dept, 2226 Santa Clara Ave, Alameda 94501 | 2 | To reward a school or nonprofit organization for its contributions to the community
   Provide recreational opportunities to youth, teens, and adults

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor's Assistant
   03.27.2017
   (Month, Day, Year)
   Comment: 

FPCC Form 802 (4/12)
FPCC 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** DOI: Worlds of Enchantment
- **Face Value of Each Ticket/Pass** $75
- **Date(s)** 03 / 02 / 17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If yes: Chan, Wilma**
- **Official's Name (Last, First)**
- **If no:** Golden State Warriors
- **Name of Source**

### 3. Recipients

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

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

- **C. Name of Outside Organization**
- **Number of Ticket(s)/Pass(es)**
- **Describe the public purpose made pursuant to the agency's policy**
  - San Leandro Boys + Girls Club, 401 Marina Blvd, San Leandro, CA 94577
  - 4
  - To reward a school or nonprofit organization for its contributions to the community

### 4. Verification

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

Signature of Agency Head or Designee
Sarah Oddie
Supervisor’s Assistant
03.27.2017

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $75
   Event Description DOI: Worlds of Enchantment
   Date(s) 03 / 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.

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lorenzo Manor Head Start, 18250 Bengal Ave, Hayward, CA 94541</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Provides pre-K programs to low-income youth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I hereby declare that the information set forth above is in accordance with the requirements.
   Sarah Oddie
   Supervisor’s Assistant
   Date 03.27.2017
   (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 $75
   Event Description DOI: Worlds of Enchantment
   Date(s) 03 / 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: 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...held at a County facility...maximize potential County revenue...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
   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 03.27.2017 (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
   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 $75
   Event Description DOI: Worlds of Enchantment
   Date(s) 03 / 05 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Golden State Warriors
   Name of Source
   If no: Chan, Wilma
   Official’s Name (Last, First)

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

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

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

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Girls Inc. of the Island City, 1724 Santa Clara Ave, Alameda, CA 94501 4
      To reward a school or nonprofit organization for its contributions to the community
      Encourage girls to be strong, smart, and bold

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor’s Assistant
   03.27.2017

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $75
   Event Description: Jeff Dunham
   Date(s) 03/10/17
   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: Chan, Wilma
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Center for Independent Living, 3075 Adeline Street, Berkeley, CA 94703
      4
      To reward a school or nonprofit organization for its contributions to the community
      Advocacy + services incr awareness, collaboration + opp for ppl w/ disabilities

4. Verification
   I have verified that the distribution set forth above is in accordance with the requirements.
   Sarah Oddie
   Supervisor's Assistant
   03.27.2017
   (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 $  $75  
Event Description  Charlie Wilson  

Provide Title/Explanation  

Date(s) 03 / 11 / 17  

Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒  
If no: Golden State Warriors  
Name of Source  
If yes: Chan, Wilma  
Official’s Name (Last, First)  

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

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

| C. Name of Outside Organization  
(include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakland Community Organizations, 7200 Bancroft Ave # 2, Oakland, CA 94605</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Federation of congregations, schools, allied comm orgs, rep families in Oakland</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have  

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

Sarah Oddie  
Supervisor’s Assistant  
03.27.2017  

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

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

   Amendment (Must provide explanation in Part 3.)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $75
   Event Description Charlie Wilson
   Date(s) 03 / 11 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

      ________________________________

   B. Name of Individual  (Last, First)        Number of Ticket(s)/Pass(es)
      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
      Center for Employment Opportunities, 464 7th, Oakland, CA 94607
      Employment + wrap around services to formerly incarcerated individuals
      2

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

4. Verification
   I have ____________________________
   violations 18944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie
   Supervisor’s Assistant
   03.27.2017

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 $ 500
   Event Description Red Hot Chili Peppers
   Date(s) 03/12/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source:
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

   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

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

   Sarah Oddie
   Supervisor's Assistant
   03.27.2017

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

   Date Stamp

   California Form 802
   For Official Use Only

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ $250
   Event Description Panic! At the Disco
   Provide Title/Explanation
   Date(s) 03 / 25 / 17

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source

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

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

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

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) 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
   __________________________________________
   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, ____________________________ [Sign here or agency head signature]
   Print Name
   ____________________________ Supervisor’s Assistant
   Title
   03.27.2017 (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 E-mail
(510) 272-6695 amy.shrago@acgov.org

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass $ 950.00
Event Description Warriors vs. Jazz
Date(s) 04/10/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
If yes: Carson, Keith
Official's Name (Last, First)

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

<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>
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</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>Piatt, Amber</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Gotanda, Diane</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</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. I, ________________________________, ________, have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Print Name
Supervisor's Assistant
Print Name
03/15/17
(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 X
   Event Description: Warriors vs. Wizards
   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 $ 1200.00
   Date(s) 04 / 2 / 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**
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOS Dist 5</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

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

   **C. Name of Outside Organization**
<table>
<thead>
<tr>
<th>Name of Outside Organization</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
   Regulations 19441.1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.
   __________________________ __________________________
   Amy Shrago Supervisor's Assistant
   __________________________
   Print Name Title
   03/15/17 (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
   (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. Timberwolves
   Date(s) 04 / 04 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Kelth
   Official’s Name (Last, First)

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

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

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

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Oakland Technical High School - PTA
      4351 Broadway, Oakland, CA 94611
      4
      To reward a school or nonprofit organization for its contributions to the community.

4. Verification
   I declare under penalty of perjury that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor’s Assistant
   Print Name
   Title
   03/15/17
   (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 ☒
   Face Value of Each Ticket/Pass $ 800.00
   Event Description Warriors vs. Pelicans
   Date(s) 04/08/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      To promote tourism as a form of economic development.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have verified that the distribution set forth above is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   03/15/17
   Comment:
1. Agency Name
   Alameda County

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description: Warriors vs. Lakers
   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 $1200.00
   Date(s) 04 / 12 / 17
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   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 student for outstanding scholastic achievement.

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

4. Verification
   Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   03/15/17
   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 E-mail
   (510) 272-6695 amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 1200.00
   Event Description Warriors vs. Magic
   Date(s) 03 / 16 / 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: Carson, Keith
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
      
   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☒
      If checking “Ceremonial Role” or “Other” describe below:
      Ceremonial Role ☐ Other ☐ Income ☒
      If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
      Peter Pan Cooperative Nursery School 4618 Allendale Ave., Oakland CA 94619 | 4 | To reward a school or nonprofit organization for its contributions to the community

4. Verification
   PC Regulations 19944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor’s Assistant
   03/15/17 (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 (510) 272-6695
   E-mail amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [X]  
   Face Value of Each Ticket/Pass $ 950.00
   Event Description Warriors vs. Kings
   Date(s) 03 / 24 / 17
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   If yes: Carson, Keith
   Official’s Name (Last, First)

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

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

   B. Name of Individual
   (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
      Ceremonial Role [ ] Other [X]
      Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:
      To review facilities or events that may require County funding or support in the near future or to gather information about the opera
      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 PPC 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
   Date: 03/15/17

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

   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Event Description Disney on Ice
   Face Value of Each Ticket/Pass $ 785.00
   Date(s) 03/01/17
   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? No ☐ Yes ☑
   If yes: Carson, Keith
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
      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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   03/15/17
   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 E-mail
(510) 272-6695 amy.shrago@acgov.org
2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Face Value of Each Ticket/Pass $ 75.00
Event Description Disney on Ice
Date(s) 03/03/17
Ticket(s)/Pass(es) provided by agency? Yes □ No □
If no: Golden State Warriors
Name of Source
If yes: Carson, Keith
Official's Name (Last, First)
3. Recipients
A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:

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

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

C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   Progressive Missionary Baptist Church 3301 King St, Berkeley, CA 94703 4 To reward a school or nonprofit organization for its contributions to the community
4. Verification
I hereby certify that the distribution set forth above, is in accordance with the requirements.
Amy Shrago Supervisor's Assistant
Print Name Title
03/15/17 (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 Disney on Ice
[Provide Title/Explanation]
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
If yes: Carson, Keith
Name of Source
Official's Name (Last, First)
Face Value of Each Ticket/Pass $ 75.00
Date(s) 03 / 04 / 17 03 / 05 / 17
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

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

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

4. Verification
I have regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago Supervisor's Assistant 03/15/17
Print Name Title (Month, Day, Year)
Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
  Alameda County
  Division, Department, or Region (If Applicable)
  Board of Supervisors
  Designated Agency Contact (Name, Title)
  Amy Shrago
  Area Code/Phone Number (510) 272-6695
  E-mail amy.shrago@acgov.org
  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 $187.50
   Event Description Charlie Wilson
   Provide Title/Explaination
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 03 / 11 / 17
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)
   Date of Original Filing: ____________________________

3. Recipients
   Use Section 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:

   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 the penalties of Perjury under the California Penal Code and Regulations 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago
   Supervisor’s Assistant

   03/15/17 (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
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrargo
Area Code/Phone Number  E-mail
(510) 272-6695  amy.shrargo@acgov.org

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☐  No ☑
Event Description Red Hot Chili Pepper
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 $ 500.00
Date(s) 03 / 12 / 17

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

Amy Shrago  Supervisor's Assistant
Print Name  Title
03/15/17  (Month, Day, Year)

Comment:
Agency Name: Alameda County
Division, Department, or Region: Board of Supervisors
Designated Agency Contact: Amy Shrago
Area Code/Phone Number: (510) 272-6695
E-mail: amy.shrago@acgov.org
Date Stamp: California Form 802

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No ☒ Face Value of Each Ticket/Pass $ 250.00
Event Description: Panic at the Disco
Provide Title/Explanation:
Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ Date(s) 03/25/17
If no: Golden State Warriors
Name of Source: Carson, Keith
If yes: Official's Name (Last, First)

3. Recipients
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:
   Ceremonial Role □ Other □ Income □
   If checking "Ceremonial Role" or "Other" describe below:

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

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

Amy Shrago
Print Name: Supervisor’s Assistant: (Month, Day, Year)

Comment:
### 1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number  (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**
Disney on Ice

**Face Value of Each Ticket/Pass**
$ 75.00

**Date(s)**
03 / 01 / 17

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

**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
BOS Dist 5

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

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

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

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

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

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

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

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

Amy Shrago
Print Name

Supervisor's Assistant
Title

03/15/17
(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:** (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:** Disney on Ice
- **Face Value of Each Ticket/Pass:** $75.00
- **Date(s):** 03/02/17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **If yes:** Golden State Warriors
- **Name of Source:** Carson, Keith
- **If 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
<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>Hong, Aileen</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describes below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev</td>
</tr>
</tbody>
</table>

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

### 4. Verification
- **PC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.**
- **Amy Shrago**
- **Superintendent’s Assistant**
- **Date:** 03/15/17

**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)
Lee Ann Ferguson, Supervisor's Assistant
Area Code/Phone Number E-mail
(510) 272-8691 leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $
Event Description: [Event Name]
Provide Title/Explanation
Date(s) 3/25/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: [Reason]
Name of Source
Alameda County Supervisor Scott Haggerty, D 1
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
If yes: [Detail]

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

<table>
<thead>
<tr>
<th>Name of Agency Department or Unit</th>
<th>Number of Tickets Provided</th>
<th>Ceremonial Role or Event Purpose (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To obtain oversight of facilities or events that have received County funding or support

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets Provided</th>
<th>Ceremonial Role or Event Purpose (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rod Payne</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>

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

Lee Ann Ferguson Supervisor's Assistant
Print Name Title

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description
   Face Value of Each Ticket/Pass $ 15.00
   Date(s) 3-1-17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: ☐
   Name of Source
   Alameda County Supervisor Scott Haggerty, D-1
   Office/Name (Last, First)

3. Recipients
   A. Name of Recipient (Department/District)
   Clerk of the Board
   Number of Recipients 4
   Ceremonial Role or Other Description of Participation
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

   B. Name of Recipient (Department/District)
   Ceremonial Role or Other Description of Participation
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales

   C. Name of Recipient (Department/District)
   Ceremonial Role or Other Description of Participation
   To reward a school or non-profit organization for its contributions to the community

4. Verification
   I declare under penalty of perjury under Section 137.1 that the distribution set forth above is in accordance with the requirements.

   Lee Ann Ferguson
   Supervisor's Assistant
   3-1-17

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: Disney on Ice
Date(s): 3/2/17
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 $____________
Name of Source:
Alameda County Supervisor Scott Haggerty, D1
Official’s Name (Last, First)

3. Recipients
A. Name of agency, department or unit
Number of Recipients
Purpose of Receipts

To obtain oversight of facilities or events that have received County funding or support

B. Name of Individual
Number of Recipients
Purpose of Receipts

Heather McGrail 4
To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales

C. Name of Community Organization
Number of Recipients
Purpose of Receipts

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

Verification:
I, Lee Ann Ferguson, Supervisor's Assistant, 3/2/17, certify that the distribution set forth above, is in accordance with the requirements.

Comment:
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) 272-8691
E-mail: leeanne.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: Dizney On Ice
Face Value of Each Ticket/Pass $ 75.00
Date(s): 3/3/14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Name of Source: GSW
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
If yes: Alameda County Supervisor Scott Haggerty, D 1
Officer’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency/Department or Unit</th>
<th>Number of Ticket(s)/Pass(s)</th>
<th>Purpose of Ticket(s)/Pass(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISTRICT 1</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>Name of Individual</th>
<th>Number of Ticket(s)/Pass(s)</th>
<th>Purpose of Ticket(s)/Pass(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10</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(s)/Pass(s)</th>
<th>Purpose of Ticket(s)/Pass(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reward a school or non-profit organization for its contributions to the community</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Lee Ann Ferguson
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)

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☐ No ☑
   - **Event Description:** Dis. On Ice
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
   - **Face Value of Each Ticket/Pass $** ___________
   - **Date(s)**: 3/4/17
   - **Name of Source**
     - Alameda County Supervisor Scott Haggerty, D1

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
   - **Number of Tickets/Passes**
   - **Additional Public Purposes Made pursuant to the 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**
   - **Additional Public Purposes Made pursuant to the agency's policy**
     - Jennifer Lillard
     - 4
     - To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
   - **C. Name of Ceremonial or Organization**
   - **Number of Tickets/Passes**
   - **Additional Public Purposes Made pursuant to the agency's policy**
     - To reward a school or non-profit organization for its contributions to the community

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

   **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 Fergerson, Supervisor's Assistant

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

E-mail: leeann.fergerson@acgov.org

Date Stamp

Amendment [Must provide explanation in Part 3]

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

2. Function or Event Information

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

Event Description: Disney on Ice

Face Value of Each Ticket/Pass $ 75.00

Date(s): 3/5/17

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

If no: Name of Source: Alameda County Supervisor Scott Haggerty, D 1

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

If yes: Officer's Name (Last, First)

3. Recipients

A. Name of Agency, Department or Unit: District 1

Number of Tickets/Passes: 4

Number of Ticket/Passes: To reward a County employee for his or her exemplary service to the public or to encourage staff development

B. Name of Individual: 

Number of Ticket/Passes: 10

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

C. Name of Other Organization (If Applicable): 

Number of Ticket/Passes: 

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

4. Verification

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

Lee Ann Fergerson

Supervisor's Assistant

_3-2-17_

(Put Name)

(Fill In Date)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: JEFF DUNHAM
Event(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 $ __________
Date(s): 3.10.17
Name of Source: GSW
Alameda County Supervisor Scott Haggerty, D1
Official's Name (Last, First)

3. Recipients
*A Use Section 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 Tickets/Passes</th>
<th>Description of purpose intended for this agency/policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>To obtain oversight of facilities or events that have received County funding or support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Tickets/Passes</th>
<th>Description of purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henrietta Virgil</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>C. Name of Public Organization, Individual Address and Description</th>
<th>Number of Tickets/Passes</th>
<th>Description of purpose intended for this agency/policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Lee Ann Ferguson
Supervisor's Assistant

Comment: ☒

Date Stamp: 3-10-17

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
E-mail
(510) 272-6691 leeanne.fergerson@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3)

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

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

Event Description
Charlie Wilson

Face Value of Each Ticket/Pass $ ______

Date(s) 11/17

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

If no: GSW

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

If yes: Alameda County Supervisor Scott Haggerty, D 1

Official's Name (Last, First)

3. Recipients

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Tickets (or Passes)</th>
<th>Description of Public Purpose Made Present to the Agency's Policy</th>
</tr>
</thead>
<tbody>
<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>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets (or Passes)</th>
<th>Description of Public Purpose Made Present to the Agency's Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony Hooker</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 Tickets (or Passes)</th>
<th>Description of Public Purpose Made Present to the Agency's Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

4. I declare under penalty of perjury that the information contained in this report is true to the best of my knowledge.

Lee Ann Fergerson
Supervisor's Assistant

Comment:

3-13-17

Lee Ann Fergerson

FPPC Form 802 (4/12)
FFPO 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 Fergerson, Supervisor's Assistant

Area Code/Phone Number (510) 272-8691
E-mail leeann.fergerson@acgov.org

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

Event Description Red Hot Chili Peppers

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

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

Face Value of Each Ticket/Pass $  

Date(s) 3/12/17  

If no: GSW  

None of Source: Alameda County Supervisor Scott Haggerty, D1  

Official's Name (Last, First)

3. Recipients

A. Name of Agency Department or Unit  Number of Ticket(s) Provided

B. Name of Individual  Number of Ticket(s) Provided
Sean O'Brien 4

C. Name of Outside Organization  Number of Ticket(s) Provided

To obtain oversight of facilities or events that have received County funding or support

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

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

4. 

1944.1 and 1944.2, I have verified that the distribution set forth above is in accordance with the requirements.

Lee Ann Fergerson  
Lee Ann Fergerson  
Superintendent

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/275-3772)
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. Philadelphia 76ers
   Date(s) 03 / 14 / 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: Valle, Richard- Supervisor District 2

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</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></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>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>The Sunol Business Guild; PO Box 208, Sunol, CA 94588</td>
<td>4</td>
<td>To reward a non profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Improves and maintains the town of sunol, supports local non profits</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: Nancy Sa
   Supervisor’s Assistant: 03/31/17

   Includes 1 parking pass at the value of $30 each.

Comment:
### 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. Boston Celtics  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐  
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

Face Value of Each Ticket/Pass $1,350  
Date(s): 03/08/17

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

| B. Name of Individual | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐  
|-----------------------|-----------------------------|----------------------------------------------------------|
| Lindsey, Tommy        | 4                           | To reward a community volunteer for his service to the public.  
|                       |                             |                                                          |

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

### 4. Verification

1.  

Nancy Sa  
Supervisor’s Assistant  
03/31/17

Includes 1 parking pass at the value of $30 each.

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Charlie Wilson
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $187.50
   Date(s) 03/11/17
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Golden State Warriors
   Name of Source: Valle, Richard - Supervisor District 2
   Official’s Name (Last, First)

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

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

   B. Name of Individual | Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   | Rowe, Darryl | 2 | Ceremonial Role ☐ Other ☑ Income ☐
   | Bossett, Charles | 2 | Ceremonial Role ☐ Other ☑ Income ☐

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

4. Verification
   Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of agency official: Nancy Sa
   Print Name: Supervisor’s Assistant
   Title: 03/31/17
   (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

**Date Stamp**

**California Form**
802

**For Official Use Only**

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

**Date of Original Filing**

(Month, Day, Year)

### 2. Function or Event Information

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

**Event Description**
Disney on Ice

**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 $**
75

**Date(s)**
03 / 1 / 17
03 / 05 / 17

**Golden State Warriors**

**If no:**

**Name of Source**

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

**Official’s Name (Last, First)**

### 3. Recipients

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

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

<table>
<thead>
<tr>
<th>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>Mendoza, Eleazar</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>

| Mu, Wei Jie                      | 4                           | Ceremonial Role [ ] Other [ ] Income [ ] |
|                                  |                             | To reward a community volunteer for her service to the public. |

#### 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 declare under penalty of perjury that the description set forth above is true and correct and in accordance with the requirements of Sections 18944.1 and 18942 of the Government Code). 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**

**Title**

**Date**
03/31/17

(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
Continuation Sheet

**Agency Name**
Alameda County

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
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<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>Ramirez, Soraya</td>
<td>4</td>
<td>Ceremonial Role □ Other ☒ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td>Hernandez, Ana</td>
<td>4</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td>Pena, Adriel</td>
<td>4</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
</tbody>
</table>

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

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

### Designated Agency Contact (Name, Title)
Nancy Sa

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

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

### Date Stamp

A Public Document

### California Form 802
For Official Use Only

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

### Date of Original Filing:

### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☒</th>
<th>No ☐</th>
</tr>
</thead>
</table>

**Event Description**: Warriors vs. Houston Rockets

**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)**: 03/31/17

**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

<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>Alameda County Public Health</td>
<td>8 To reward a County employee for his exemplary service to the public</td>
</tr>
<tr>
<td>Alameda County Probation</td>
<td>2 To reward a County employee for his exemplary service to the public</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>Bremond, Kevin</td>
<td>1</td>
<td>Ceremonial Role ☐</td>
</tr>
<tr>
<td>Dees, Harold</td>
<td>1</td>
<td>Ceremonial Role ☐</td>
</tr>
</tbody>
</table>

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

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

#### C. Name of Outside Organization

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

### 4. Verification

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

Signed in agency role: [Signature]

Nancy Sa  
Supervisor's Assistant

03/31/17  
(Month, Day, Year)

Includes 4 parking passes at the value of $30 each.

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

**Agency Name**
Alameda County

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</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>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>Potts, Kelvin</td>
<td>Potts, Kelvin</td>
<td>1</td>
<td>Ceremonial Role ☑ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td>Naranjo, Pedro</td>
<td>Naranjo, Pedro</td>
<td>1</td>
<td>Ceremonial Role ☑ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td>Ramirez, Edgar</td>
<td>Ramirez, Edgar</td>
<td>2</td>
<td>Ceremonial Role ☑ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td>Ramirez, Martin</td>
<td>Ramirez, Martin</td>
<td>2</td>
<td>Ceremonial Role ☑ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<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>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td></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)
     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
     Jeff Dunham
     Golden State Warriors
   - Face Value of Each Ticket/Pass $ 75
   - Date(s) 03/10/17
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - Name of Source
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   - If yes: Valle, Richard- Supervisor District 2
   - Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</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>Isais, Antonio</td>
<td></td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></td>
<td></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>

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

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

   Signature of Agency Head or Designee
   Nancy Sa
   Print Name
   Supervisor's Assistant
   Title
   Date (Month, Day, Year) 03/31/17

   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 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 Warriors vs. Sacramento Kings
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $1100
   Date(s) 03/24/17
   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.

   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:
   Caudillo, Anthony | 4 | Ceremonial Role ☐ Other ☒ Income ☒
   Ceremonial Role ☐ Other ☐ Income ☒

   4
   If checking "Ceremonial Role" or "Other" describe below:
   To reward a community volunteer for his service to the public.

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

4. Verification
   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: 03/31/17

Comment:
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**: Warriors vs. Orlando Magic
   - **Face Value of Each Ticket/Pass**: $800
   - **Date(s)**: 03/16/17
   - **Ticket(s)/Pass(es) provided by agency?**: Yes ☑ No ☐
   - **Was ticket distribution made at the behest of agency official?**: No ☑ Yes ☐

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**
   - **Name of Individual** (Last, First)
   - **Number of Ticket(s)/Pass(es)**
   - **Identify one of the following:**
     - Ceremonial Role ☐ Other ☐ Income ☐
     - Ceremonial Role ☐ Other ☐ Income ☐
   - **Name of Outside Organization** (Include address and description)
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency’s policy**
     - **Hayward Chamber of Commerce; 22561 Main Street, Hayward CA 94541**: 4
     - **To reward a non profit organization for its contributions to the community.**
     - **Organizes to advance the general welfare and prosperity of the Hayward Area**

4. **Verification**
   - **$18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.**
   - **Nancy Sa**
   - **Supervisor’s Assistant**
   - **03/31/17**

   Includes 1 parking pass at the value of $30 each.

   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
   Red Hot Chili Peppers
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ __________ 500
   Date(s) 03 / 12 / 17
   Golden State Warriors
   If no:
   Name of Source
   If yes:
   Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

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

   Ceremonial Role ☐ Other ☒ Income ☐
   To reward a community volunteer for 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 understood FPPC Provisions §8444.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   /s/ Nancy Sa
   Supervisor's Assistant
   03/31/17
   (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 E-mail
510-891-5585 anna.gee@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 75
Event Description: Admin Van Buren/Supervisors Date(s) 2/3/17 2/4/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: __________________________ Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: 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
(Live Name)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐
Income ☐
To promote attendance at an event held at a County facility in order to maximize potential County revenue through 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
Signature of Agency Head or Designee Anna Gee Executive Assistant
Print Name 3/1/17 Title

Comment: Cooper received 2/4 tickets.

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes X No ☐
Face Value of Each Ticket/Pass $125/80
Event Description La Repliegue Rosa and Caryn Ward
Date(s) 2/11/17 2/12/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
If no: Miledy, Nate
Was ticket distribution made at the behest of agency official? No ☐ Yes X
If yes: Miledy, 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
   Last Name
   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 County facility in order to maximize potential County revenue through 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 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Anna Gee
Executive Assistant
Comment: Ramirez received 2/11/17
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 Monster Jam
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 78.95/58-
   Date(s) 2/13/17 2/18/17
   If no: Holden 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
   A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy
   B. Name of Individual | Number of Ticket(s)/Passes | Identify one of the following:
   - Erickson, Timothy
   - Giffen, Justin
   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understood 199441 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee  Executive Assistant
   Signature: Anna Gee  Print Name: Anna Gee  Title: Executive Assistant
   (Mobil. Day, Year) 3/1/17
   Comment: Giffen received 2/18 trip.
### 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?**  
   No

   **Event Description**  
   Iron Maiden

   **Face Value of Each Ticket/Pass**  
   $80

   **Date(s)**  
   07 / 05 / 17

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

   **If no:**  
   Golden State Warriors

   **Name of Source**  
   Carson, Keith

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

   **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**

   **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**  
   Amy Shrago

   **Print Name**  
   Supervisor's Assistant

   **Title**  
   03/15/17

   **(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

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

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

Face Value of Each Ticket/Pass $ __________

Event Description Gabriel Iglesias
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: Carson, Keith
Official's Name (Last, First)

Date(s) 05/02/17

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
Carson, Keith

E-mail

Number of Ticket(s)/
Pass(es)

Identify one of the following:

Ceremonial Role ☐ Other ☒ Income ☐

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

To review the ability of a facility or its operator to participate in the County's job creation goals or job training programs.

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

Signature of Agency Head or Designee
Amy Shrago
Print Name

Supervisor's Assistant
Title 03/15/17
(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 ☐
   Date(s) 1/18/17 1/28/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Event Description Basketball Game
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $304.80
   Name of Source Golden State Warriors
   Official’s Name (Last, First) 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
      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
      To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.

4. Verification
   Signature of Agency Head or Designee Anna Gee
   Print Name
   Executive Assistant Title
   Date (Month, Day, Year) 3/1/17

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $364.80
   Event Description Basketball Game
   Event Date(s) 2/1/17 2/8/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source Golden State Warriors
   If no: ☐
   Was ticket distribution made at the behest of agency official? No ☐ 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 ☒
      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.
   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 made and hereby certified FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee Executive Assistant
   Signature of Agency Head or Designee Print Name Title
   (Month, Day, Year) 3/1/17
   Comment: Items reviewed 2/8/17
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

Face Value of Each Ticket/Pass: $304.80

Date(s)  
2/15/17  2/23/17

Event Description  
Basketball Games

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

If no:  
Golden State Warriors

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

If yes:  
Miley, Nate

Name of Source  
Official's Name (Last, First)

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**Function or Event Information**

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**Recipients**

A. Name of Agency, Department or Unit  
Health Care Agency Services

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

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  
Crawford, Marc

Number of Ticket(s)/Pass(es)  
0

Ceremonial Role  
Yes ☐ No ☒

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

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

Number of Ticket(s)/Pass(es)  
0

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

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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  
Anna Gee

Executive Assistant  

Print Name  
Anna Gee

Title  
Executive Assistant

Date  
3/1/17

(Month, Day, Year)

Comment:  
Crawford received 2/23/17.
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
   510-891-5553
   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 $300
   Event Description Basketball Game
   Date(s) 2/25/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: 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: EOC District A Staff
      Number of Ticket(s)/Pass(es) 4
      Describe the public purpose made pursuant to the agency's policy
      To reward county employee for exemplary service to the public

   B. Name of Individual: (Add Profile)
      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 read and understand FPPC Regulations 18941 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: 2/17

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 ☐
   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) 3/8/17 3/14/17
   If no: Golden State Warriors
   Name of Source
   If yes: Miley, Nate
   Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency's policy
      
   B. Name of Individual
      Number of Ticket(s)/Passes
      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 revenue from parking and concession sales.
      Income ☐

   C. Name of Outside Organization
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency's policy
      20025 Polvorosa Dr. #260
      San Leandro, CA 94577
      Service for Senior Citizens
      To reward a non profit organization for their contributions to the community.
      17 Delivery of Hot Meals to Homebound Seniors

4. Verification
   I have read and understand FPPC Regulations 199441 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee
   Executive Assistant
   4/3/17
   (Month, Day, Year)
   Comment: Received 3/14 2:40p