## 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** $90 ticket/$20 parking
- **Event Description** Baseball game
- **Date(s)** 04/01/17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☒ No ☐
- **If no:** Oakland A’s 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
- **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
  - **Number of Ticket(s)/Pass(es)**

- **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, Month, Year)

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: Baseball game
   Face Value of Each Ticket/Pass $33
   Date(s): 04/01/17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   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) | Ceremonial Role ☐ Other ☐ Income ☐
   Santa Maria, Peggy | 2 | Ceremonial Role ☐ Other ☐ Income ☐
   To reward a community volunteer for his or her service to the public
   2

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

4. Verification
   I have reviewed 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/Employee: ____________________________
   Print Name: ____________________________ Supervisor's Assistant: ____________________________
   Title: ____________________________ Date: 05.01.2017

   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
   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:** $33
   - **Event Description:** Baseball game
   - **Date(s):** 04 / 03 / 17
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
   - **Name of Source:** Oakland A's
   - **Name of Source (Last, First):** Chan, Wilma

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

   - **B. Name of Individual**
     - **Name of Individual (Last, First):** Rausa, Justin
     - **Number of Ticket(s)/Pass(es):** 2
     - **Identify one of the following:**
       - **Ceremonial Role** ☐ *Other* ☐
       - **Income** ☐

   - **To reward a community volunteer for his or her service to the public:**
     - **Number of Ticket(s)/Pass(es):** 2
     - **Identify one of the following:**
       - **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:**

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

   Signature of Agency Head or Designee: Sarah Oddie
   Supervisor's Assistant: Print Name
   Title: 05.01.2017
   (Month, Day, Year)

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** Baseball game
   - **Face Value of Each Ticket/Pass $** $100
   - **Date(s)** 04 / 03 / 17
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
   - **Event Name** Oakland A's
   - **Official's Name (Last, First)** Chan, Wilma

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

4. **Verification**
   - **Signature of Agency Head or Designee**
   - **Print Name**
   - **Title**
   - **Date** 05.01.2017

---

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

#### 1. Agency Name
Alameda County

Division, Department, or Region (if Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)
Sarah Oddie

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

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass $** $33
- **Event Description** Baseball game
- **Provide Title/Explanation**
- **Date(s) 04 / 04 / 17**
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **If no:**
  - **Name of Source** Oakland A's
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **If yes:**
  - **Official's Name** Chan, Wilma

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

- **B. Name of Individual**
  - **(Last, First)**
  - **Number of Ticket(s)/Pass(es)**
  - Identify one of the following:
    - **Ceremonial Role** [ ] **Other** [ ]
    - **Income** [ ]
    - **To promote attendance...event held at a County facility...maximize potential County revenue...concession sales**
    - **If checking "Ceremonial Role" or "Other" describe below:**
      - **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**
- **Print Name**
- **Supervisor's Assistant**
- **Title**
- **05.01.2017**
  - (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 $33
Event Description Baseball game
Provide Title/Explanation
Date(s) 04 / 05 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Health Services, 250 E 18th St, 2nd fl, Oakland, CA 94606</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Provides health, social, adv. services for all regardless of income, insurance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee ________________________________
Print Name ____________________________________________
Supervisor's Assistant ____________________________ Title ______
(Month, Day, Year) ___________ 05.01.2017

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

### 1. Agency Name
Alameda County

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

### Designated Agency Contact (Name, Title)
Sarah Oddie

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

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

### Date of Original Filing:

### 2. Function or Event Information

**Does the agency have a ticket policy?** Yes ☑ No □

**Event Description**
Baseball 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 $**

**Date(s) **
04 / 06 / 17

**If no:**
Oakland A's

**Name of Source**

**If yes:**
Chan, Wilma

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

### 3. Recipients

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

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☑ Other ☑ Income ☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>McCormick, Mike</td>
<td>2</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td>Prola, Jim</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

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

### 4. Verification

I have 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**
05.01.2017
(Month, Day, Year)

**Comment:**

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

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)
Sarah Oddie

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ $33

Event Description Baseball game

Date(s) 04 / 14 / 17

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

If no: Oakland A's

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

If yes: Chan, Wilma

Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es)

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

B. Name of Individual

(Last, First)

Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role ☐ . Other ☐ . Income ☐

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

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

Ceremonial Role ☐ . Other ☐ . Income ☐

4. Verification

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

Signature of Agency Head or Designee

Print Name Sarah Oddie

Supervisor’s Assistant Title

(Month, Day, Year) 05.01.2017

Comment: 

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
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 $ ____________ $33
Event Description Baseball game
Provide Title/Explanation
Date(s) ____________ / ____________ / ____________

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: ____________________________ Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: ____________________________ Official's Name (Last, First)

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

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

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

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

Signature of Agency Head or Designee

Sarah Oddie
Supervisor’s Assistant

Print Name
Title

05.01.2017 (Month, Day, Year)

Comment: _____________________________________________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. Agency Name
   Alameda County
   Board of Supervisors
   Sarah Oddie
   (510) 272-6693
   sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Baseball game
   Face Value of Each Ticket/Pass $80 ticket/$20 parking
   Date(s) 04/15/17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's
   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>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
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</thead>
<tbody>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lend a Hand Foundation, 7730 Pardee Ln, Oakland, CA 94621</td>
<td>4+p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Empower youth to stay in school through various programs and services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I, Sarah Oddie, have verified that the distribution set forth above, is in accordance with the requirements.
   Supervisor's Assistant: 05.01.2017
   Signature of Agency Head of Program:

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

1. Agency Name  
Alameda County

Division, Department, or Region (if Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Sarah Oddie

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

Date Stamp

California Form 802  
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? 
Yes ☑ No ☐  
Face Value of Each Ticket/Pass $80 ticket/$20 parking

Event Description Baseball game

Provide Title/Explanation

Date(s) 04 / 15 / 17

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑  
If no: Oakland A's

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

(Left, 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

Vietnamese American Comm. Ctr. East Bay, 655 International Blvd, Oakland, CA 14+2p  
To reward a school or nonprofit organization for its contributions to the community

C. Providing quality service to low-income, refugee, immigrant pop from S.E. Asia

4. Verification

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

Sarah Oddie  
Supervisor’s Assistant  
05.01.2017

(Signature of Agency Head or Designee)  
Print Name  
Title

(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 $33
Event Description Baseball game
Provide Title/Explanation
Date(s) 04 / 16 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Oakland A's
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>
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<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nichols-Franz, Jan</td>
<td>2</td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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

Signature of Agency Head or Designee: Sarah Oddie
Print Name: Supervisor's Assistant
Title: 05.01.2017
(Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Sarah Oddie

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $33
   Event Description  Baseball game
      Provide Title/Explanation
   Date(s) 04/17/17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
      If no:  Oakland A's
      Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
      If yes:  Chan, Wilma
      Official's Name (Last, First)

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

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

   B. Name of Individual  (Last, First)  Number of Ticket(s)/Pass(es)  Identify one of the following:
   
      Larkin, Joe  2
      Ceremonial Role ☐  Other ☐  Income ☐
      To promote attendance...event held at a County facility...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
   
   Signature of Agency Head or Designee  Print Name  Title
   Supervisor's Assistant  05.01.2017
   (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 $33
   Event Description Baseball game
   Date(s) 04 / 18 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Oakland A's
   If yes: Chan, Wilma
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

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

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

   Signature of Agency Head or Designee: __________________________
   Print Name: __________________________
   Supervisor's Assistant: __________________________
   Title: __________________________
   Date: 05.01.2017

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Sarah Oddie

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

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 $33 MVP, $80 box

Event Description Baseball game
Provide Title/Explanation

Date(s) 04 / 19 / 17

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

If no: Oakland A's

If yes: Chan, Wilma

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

Official's Name (Last, First)

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

3. Recipients
* Use Section 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

San Leandro Senior Comm. Ctr., 13909 E 14th St, San Leandro, CA 94578 2 MVP To reward a school or nonprofit organization for its contributions to the community

Provides classes and events for seniors in San Leandro 18 Box

4. Verification
I have read and understand FPPC Regulations 18944,1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Sarah Oddie

Print Name: Supervisor's Assistant: Title:

Date: 05.01.2017 (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
   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 $ 33
   Event Description Baseball game
   Date(s) 04 / 20 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Oakland A's
   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:
   Miller, Kristi | 2 | 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
   2 | Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

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

   Signature of Agency Head or Designee
   Sarah Oddie
   Supervisor's Assistant
   05.01.2017
   Supervisor's Title
   (Month, Day, Year)

   Comment: ________________________________

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

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

2. Function or Event Information
Does the agency have a ticket policy?  Yes X  No ☐
Face Value of Each Ticket/Pass $  $33
Event Description  Baseball game
Date(s)  04 / 21 / 17
Ticket(s)/Pass(es) provided by agency?  Yes ☐  No X
If yes:  Oakland A's  Name of Source
If no:  Chan, Wilma  Official's Name (Last, First)
Was ticket distribution made at the behest of agency official?  No ☐  Yes X

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

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

B. Name of Individual (Last, First)  Number of Ticket(s)/Pass(es)  Identify one of the following:
Elliott, Laura  2  Ceremonial Role ☐  Other ☐  Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance...event held at a County facility...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
18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie  Supervisor's Assistant  05.01.2017
Signature of Agency Head or Designee  Print Name  Title
Comment: 
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   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: Baseball game
   Date(s): 04/22/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance...event held at a County facility...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, the undersigned FPPC Dispatcher 18944.1 and 18942, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: ______________________________
   Print Name: Sarah Oddie
   Supervisor's Assistant: ______________________________
   Title: ______________________________
   Date: 05.01.2017
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No □
   Event Description Baseball 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 $33
   Date(s) 04 / 23 / 17
   If no: Oakland A's
   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)
   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...maximize potential County revenue...concession sales
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Supervisor's Assistant
   Print Name
   Title
   05.01.2017
   (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

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

**2. Function or Event Information**

- Does the agency have a ticket policy? **Yes ☑ No □**
- Face Value of Each Ticket/Pass $5000 ticket/$40 park
- Event Description: Basketball Game
- Event Date(s): 04 / 16 / 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? **Yes ☑ No □**
- 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>
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</tbody>
</table>

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<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>Cravalho, Christopher</td>
<td>4+p</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

- To promote attendance...event held at a County facility...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>
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</tbody>
</table>

**4. Verification**

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

**Signature of Agency or Unit Responsible**

Sarah Oddie

**Supervisor's Assistant**

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
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<tr>
<td>05.01.2017</td>
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</tbody>
</table>

**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

   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 $ ________ $5000 ticket
   Event Description: Basketball Game
   Provide Title/Explanation
   Date(s) 04 / 19 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: ________
   Name of Source: Golden State Warriors
   If yes: Chan, Wilma
   Official's Name (Last, First)

3. Recipients

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

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a community volunteer for his or her service to the public
      Chan, Carl
      2
      Kubo, Theresa
      2
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance...event held at a County facility...maximize potential County revenue...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 reviewed Sections 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee: ___________________________
   Print Name: ___________________________
   Supervisor's Assistant: ___________________________
   Title: ___________________________
   Date of Verification: 05.01.2017
   (Month, Day, Year)

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

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)
Sarah Oddie

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

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 $ ____________ 200

Event Description Chance the Rapper

Date(s) 04 / 26 / 17

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

If no: Golden State Warriors

If yes: Chan, Wilma

Official’s Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit 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 ☐

Matsuno, Amy 4

If checking “Ceremonial Role” or “Other” describe below:
To promote attendance...County sponsored event...in order to maximize potential County revenue...concession sales

4. Verification

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

Signature of Agency Head or Designee

Sarah Oddie Supervisor’s Assistant 03.27.2017

Print Name Title (Month, Day, Year)

Comment: _____________________________

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

FPPC Form 802 (4/12)
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: leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?
   Yes ☐ No ☑
   Face Value of Each Ticket/Pass $1440
   Event Description: Baseball
   Date(s): 8/3, 8/17
   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☑
   If yes, Oakland Athletics
   Was ticket distribution made at the behest of agency officials?
   No ☐ Yes ☑
   Name of Source: Alameda County Supervisor Scott Haggerty, D 1

3. Recipients
   (Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.)
   A. Name of Agency, Department, Section:
   B. Name of Individual:
   C. Name of Other Organization:

   Ceremonial Role ☐ Other ☐ Income ☐
   To reward a school or non-profit organization for its contributions to the community

4. Verification
   3944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Lee Ann Ferguson
   Supervisor's Assistant
   Date: 4/24/17
   Comment:
   Annual Tri-Valley athletes awards event: 5/31/17
   The objective is to promote physical & academic education in High School Students and encourage life-long good citizens through team work.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

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

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

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

Date of Original Filing:

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

Event Description: "Baseball"

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 $ 42.00

Date(s) 5.7.17

If yes:
Alameda County Supervisor Scott Haggerty, D 1

Official's Name (Last, First)

3. Recipients

A. Name of Agency, Department or Unit

Number of Tickets Provided

B. Name of Individual

Number of Tickets Required

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

C.

Number of Outside Organization

Number of Tickets Required

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

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

4. Verification

Signature of Agency Head or Designee

Comment:

Lee Ann Fergerson
Supervisor's Assistant

(4-24-17)

FPPC Form 902 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**

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

1. **Agency Name**
   - Alameda County

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

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

   **Area Code/Phone Number** (510) 272-8691

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [ ] No [x]
   - **Event Description** Baseball
   - **Face Value of Each Ticket/Pass** $42.00
   - **Date(s)** 5/10/17, 5/12/17
   - **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
   - **Was ticket distribution made at the behest of agency official?** Yes [x] 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**
   - **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)**
   - **Describe the public purpose made pursuant to the agency's policy**

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

   - Alameda Health System Foundation
   - 350 Frank Ogawa Plaza
   - **To reward a school or non-profit organization for its contributions to the community**

4. **Verification**
   - 1 and 16942. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Signature of Agency Head or Designee**
   - **Title**

Comment: Annual Fundraiser Gala to help raise funds for life saving programs & services
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, Supervisor's Assistant
   Area Code/Phone Number E-mail
   (510) 272-6891 leeanne.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 5000
   Event Description Warriors
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Date(s) 4/19/17
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If no: Name of Source
   Alameda County Supervisor Scott Haggerty, D1
   If yes: Official's Name (Last, First)

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

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

      ________________________________

   B. Name of Individual (Last, First)
      Number of Tickets/Passes
      Identify one of the following:
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
      To evaluate the contribution of a facility or event to the County’s goals for fostering arts, culture and entertainment opportunities for County residents

      ________________________________

   C. Name of Outside Organization
      Describe the public purpose made pursuant to the agency’s policy

      ________________________________

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Lee Ann Ferguson
   Supervisor's Assistant
   Print Name
   Title
   Date (Month, Day, Year)
   4/19/17

   Comment: ________________________________

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 1. Agency Name
- Alameda County
- Board of Supervisors
- Lee Ann Fergerson, Supervisor's Assistant

### 2. Function or Event Information
- **Event Description:** Change The Pepper
- **Face Value of Each Ticket/Pass:** $200.00
- **Date(s):** 4.26.17
- **Ticket(s)/Pass(es) provided by agency:** Yes □ No □
- **If no:**
  - **Name of Source:** Alameda County Supervisor Scott Haggerty, Dist 1
  - **Official's Name (Last, First):**

### 3. Recipients
- **A.**
  - **Name of Agency, Department or Unit:**
  - **Number of Tickets/Passes:**
  - **Description of the purpose or purpose of the gift:** To reward a County employee for his or her exemplary service to the public or to encourage staff development

- **B.**
  - **Name of Individual:** Supervisor Scott Haggerty, Dist 1
  - **Number of Tickets/Passes:** 4
  - **Description of purpose:** To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales

- **C.**
  - **Name(s) of Outside Organization:**
  - **Number of Tickets/Passes:**
  - **Description of purpose:** To evaluate the contribution of a facility or event to the County's goals for fostering arts, culture and entertainment opportunities for County residents

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

### 4. Verification
- **Signature of Agency Head or Designee:**
- **Print Name:**
- **Title:**
- **Date:** 4.17.17

**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**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td></td>
</tr>
</tbody>
</table>

**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

### Date Stamp

<table>
<thead>
<tr>
<th>California</th>
<th>802</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Official Use Only</td>
<td></td>
</tr>
</tbody>
</table>

**□ Amendment** *(Most 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 $**

$42.00

**Event Description**

Baseball

**Date(s)**

4/17/17

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

Yes [ ] No [ ]

**If no:**

Oakland Athletics

**Name of Source**

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.

#### A. Name of Agency, Department or Unit | Number of Tickets/Passes

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Tickets/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td>To obtain oversight of facilities or events that have received County funding or support</td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual | Number of Tickets/Passes | Identity as Distribution Recipient

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets/Passes</th>
<th>Identity as Distribution Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Weed</td>
<td>2</td>
<td>no [ ]</td>
</tr>
</tbody>
</table>

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

**Ceremonial Role** [ ] **Other** [ ]

**Income** [ ]

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

---

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

---

### 4. Verification

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

Lee Ann Fergerson  

Supervisor's Assistant

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Print Name)</td>
</tr>
</tbody>
</table>

4/17/17 |

(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)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leeanne.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: [Provide Titles/Explanations]
   [Game A Round]
   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 $5,000
   Date(s) 4/16/17
   If no: [Name of Source]
   Alameda County Supervisor Scott Haggerty, D 1
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets/Passes</th>
<th>Identify grantee as following:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include Address and Description)</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.A.V.E. Safe Alternatives to Violent Environments</td>
<td>1400 Sunny Ave, Ste 204 4/1</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

4. Verification
   Lee Ann Fergerson ☐ Supervisor's Assistant ☐
   Print Name 4/18/17 (Month, Day, Year)
   Comment: Fundraiser to help with programs at S.A.V.E. for battered women and their children
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description Baseball
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
Face Value of Each Ticket/Pass $1,700.00
Date(s) 6/30/17
Name of Source Oakland Athletics
Alameda County Supervisor Scott Haggerty, D1

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

A. Name of Agency, Department or Unit

B. Name of Individual

C. Name of Outside Organization
Las Positas College
3000 Campus Hill Drive
Livermore CA 94551-7683

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

Lee Ann Fergerson
Supervisor's Assistant
9-13-17

Comment: Fundraiser to help the foundation address the most critical
Unmet needs of Las Positas College Students and Programs; Student Scholarships, Campus Innovation Grants and the
LPC Performing Arts Program.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

   Date Stamp
   California Form 802
   For Office Use Only
   □ Amendment (local provide explanation in Part 3.)
   Date of Original Filing:

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $__________________________
   Event Description Baseball
       Provide Title/Explanation
   Date(s) 5/9/17 5/24/17
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Oakland Athletics
       Name of Source
   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
   • Use Section A to identify the agency’s department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
   B. Name of Individual
   C. Name of Outside Organization

   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

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

4. Verification
   Lee Ann Ferguson Supervisor's Assistant
   Date: 4/11/17
   (Month, Day, Year)
   Comment: TRI-VALLEY YMCA 10th Annual Golf Tournament
   Fundraiser, counseling services, and other critical programs "fore" KIDS.
### 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: A's Baseball
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   - Face Value of Each Ticket/Pass $________
   - Date(s) 4/19/17
   - If no: Name of Source
   - If yes: Official’s Name (Last, First)
     - Oakland Athletics
     - Alameda County Supervisor Scott Haggerty, D1

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

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monica Di Paolo</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

     | Name of Outside Organization | Number of Tickets/Passes | Describe the public purpose made pursuant to the agency’s policy |
     |------------------------------|--------------------------|---------------------------------------------------------------|
     |                              |                          |                                                               |

4. **Verification**
   - I have verified that the distribution set forth above is in accordance with the requirements.
   - Lee Ann Ferguson
   - Supervisor’s Assistant
   - Signature of Agency First or Designee
   - Print Name
   - Title

   - Comment: ____________________________________________________________

   - Date: 4/11/17

---

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

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

2. Function or Event Information
Does the agency have a ticket policy?  Yes [ ]  No [ ]
Event Description: Warriors
Face Value of Each Ticket/Pass: $1,000
Date(s): 4/10/17
Ticket(s)/Pass(es) provided by agency?  Yes [ ]  No [ ]
If no: [ ]
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
A. Name of Agency, Department or Unit: [ ]
   Number of Tickets/Passes: [ ]
   Purpose of Ticket/Pass: [ ]
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

B. Name of Individual: Jason Story
   Number of Tickets/Passes: 4
   Purpose of Ticket/Pass: [ ]
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales

C. Name of Outside Organization: [ ]
   Number of Tickets/Passes: [ ]
   Purpose of Ticket/Pass: [ ]
   To reward a school or non-profit organization for its contributions to the community

4. Verification
Lee Ann Ferguson, Supervisor's Assistant
Date: 4/10/17

Comment: [ ]

FPPC Form 802 (4/16)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

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

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

   Area Code/Phone Number E-mail
   (510) 272-6891 leean.fergerson@acgov.org

   Date Stamp

   Amendment (A) or (replacement to Part 3)
   Date of Original Filing: 

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

   Event Description: BASEBALL A's
   Date(s): 4/16/17

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If yes: Oakland Athletics
   Name of Source
   Alameda County Supervisor Scott Haggerty, D 1
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Tickets
      Description of public purpose prior 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
      Identification of Individual or Group
      To reward a community volunteer for his or her service to the public.

   C. Name of Outside Organization
      Number of Tickets
      Description of public purpose made pursuant to the agency's policy
      To reward a school or non-profit organization for its contributions to the community

4. I, Lee Ann Ferguson, Supervisor's Assistant, declare under penalty of perjury under Sections 1944.1 and 1944.2, that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson
Supervisor's Assistant

Print Name
(Tick)

Date
(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)
Lee Ann Fergerson, Supervisor's Assistant

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

Date Stamp

A Public Document

California Form 802

For Official Use Only

3. Recipients

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

A. Name of Agency, Department or Unit

Name of Individual

Number or Identification

Description of purpose made pursuant to the agency's policy

B. Name of Individual

Number or Identification

Description of purpose made pursuant to the agency's policy

C. Name of Entity Organization

Name of Individual or Group

Number or Identification

Description of purpose made pursuant to the agency's policy

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

4. Verification

I, have read and understand SPPC Regulations 16344.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Host or Designee

Lee Ann Fergerson
Supervisor's Assistant

Date (Month, Day, Year)

Comment: Charity golf tournament for youth development
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, Supervisor's Assistant

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $1,700
   Event Description: BASEBALL
   Date(s): 16-4-17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland A's
   If yes: Alameda County Supervisor Scott Haggerty, D 1
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

3. Recipients

   A. Name of Agency Department or Unit
   Description of Public Purpose: To reward a County employee for his or her exemplary service to the public or to encourage staff development

   B. Name of Individual
   Description of Public Purpose: To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
   Commonal Role ☐ Other ☐ Income ☐

   C. Name of Outside Organization
   Description of Public Purpose: To reward a school or non-profit organization for its contributions to the community
   Washington Hospital Healthcare Foundation
   2000 Newy Avenue
   Fremont CA 94538

4. Verification

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

   Signature of Agency Head or Designee
   Comment: 32nd Annual Golf Tournament Fundraising Event

   Date Stamp: 4-16-17
   Date of Original Filing: (Month, Day, Year)

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes □ No □
   - Face Value of Each Ticket/Pass $30
   - Event Description: Baseball
   - Provide Title/Explanation
   - Date(s): 4/5/17
   - Ticket(s)/Pass(es) provided by agency? Yes □ No □
   - Name of Source: Oakland Athletics
   - Was ticket distribution made at the behest of agency official? Yes □ No □
   - If yes: Alameda County Supervisor Scott Haggerty, D1

3. **Recipients**
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.
   - **A. Name of Agency, Department or Unit**
     - General Services
   - **Number of Ticket/Passes**: 2
   - **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

4. **Verification**
   - Lee Ann Ferguson □ Other □
   - Supervisor's Assistant □
   - Print Name: Lee Ann Ferguson
   - Title: Supervisor's Assistant
   - Date (Month, Day, Year): 4/5/17
   - Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number: (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: Baseball
   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 $:
   300.00
   Date(s): 14, 17, 15, 17
   If no: Oakland Athletics
   Name of Source: Alameda County Supervisor Scott Haggerty, D 1
   Offifer's Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Description: To obtain oversight of facilities or events that have received County funding or support
      Number of Ticket(s) Provided: 4

   B. Name of Individual
      Description: To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
      Number of Ticket(s) Provided: 4

   C. Name of Outside Organization
      Description: To reward a school or non-profit organization for its contributions to the community
      Number of Ticket(s) Provided: 4
      Address:

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

Comment: Help in fundraising efforts to provide free support and companionship and transportation for ambulatory patients under going life saving cancer treatments in Fremont/ Newark/Union City
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions 

1. Agency Name  
Alameda County 

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

Date Stamp 

[Califonia Form 802]  
Per Official Use Only 

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

2. Function or Event Information  
Does the agency have a ticket policy? 
Yes ☑ No ☐  
Face Value of Each Ticket/Pass $ 27.00 
Event Description 
Baseball  
Date(s)  
5.23.17  
Ticket(s)/Pass(es) provided by agency? 
Yes ☑ No ☐  
If no: 
Oakland Athletics  
Name of Source 
Alameda County Supervisor Scott Haggerty, D1  
Officer's Name (Last, First) 

3. Recipients 
A. Name of Agency, Department or Unit
Describe the purpose/purpose of the gift or legislation pursuit to the agency's policy 
To reward a County employee for his or her exemplary service to the public or to encourage staff development 

B. Name of Individual
Number of 
Ticket(s)/Pass(es) 
Recipient's Name (Last, First) 
1 
To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales 
Ceremonial Role ☐ Other ☐  
If checking "Ceremonial Role" or "Other", describe below: 
Income ☐ 

C. Name of Outside Organization
Address and Telephone
Number of 
Ticket(s)/Pass(es) 
Describe the purpose/purpose of the gift or legislation pursuit to the agency's policy 
To reward a school or non-profit organization for its contributions to the community 

4. Verification  
15944.1 and 15942. I have verified that the distribution set forth above, is in accordance with the requirements. 

Lee Ann Fergerson  
Supervisor's Assistant  
Penn Name 

Verification Date 4-4-17 (Month, Day, Year) 

Comment: 

FPPC Form 802 (4/12) 
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/273-7772)
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)
   Briana Brown
   Area Code/Phone Number  E-mail
   (510)272-6695  briana.brown2@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 [X] No [ ]
   Face Value of Each Ticket/Pass $ ____________
   Event Description
   A's vs. Rangers
   Date(s) 04 / 20 / 17
   Ticket(s)/Pass(es) provided by agency?
   Yes [ ] No [X]
   If no: ____________________________
   If yes: ____________________________
   Name of Source
   Official's Name (Last, First)
   Carson, Keith - Supervisor District 5

3. Recipients
   • Use Section 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 Administrator Office
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Count Administrator office
      2
      To reward a County employee for his or her exemplary service to the public or to encourage staff development

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [X]
      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
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Briana Brown  Supervisor's Assistant
   Print Name  Title  04/28/17
   (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)
   Briana Brown
   Area Code/Phone Number (510)272-6695
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No □
   Event Description A's vs. Rangers
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
   If no. Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No □ Yes ☒
   If yes: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $ 33
   Date(s) 04 / 19 / 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 (if applicable)    Number of Ticket(s)/Pass(es)    Describe the public purpose made pursuant to the agency's policy
   Count Administrator office                     2                             To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

4. Verification
   I, Briana Brown, Supervisor's Assistant, 04/28/17
   (Signature of Agency Head or Designee) Print Name (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)
   Briana Brown
   Area Code/Phone Number (510)272-6695
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: A's vs. Rangers
   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 $ 33
   Date(s) 04 / 17 / 17
   If yes: Carson, Keith - Supervisor District 5
   If no: Oakland Athletics

3. Recipients
   Use Section 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.**
   Count Administrator office
   Number of Ticket(s)/Pass(es) 2
   Describe the public purpose made pursuant to the agency’s policy
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

   **B.**
   Name of Individual
   Number of Ticket(s)/Pass(es) 2
   Identify one of the following:
   Ceremonial Role ☐ Other ☑ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Briana Brown
   Supervisor’s Assistant: 04/28/17
   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)
   - Briana Brown
   - Area Code/Phone Number: (510)272-6695
   - E-mail: briana.brown2@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]
   - Event Description: A's vs. Mariners
   - Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   - Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   - Face Value of Each Ticket/Pass: $90+($20 Parking)
   - Date(s): 04/23/17
   - Name of Source: Oakland Athletics
   - If yes: Carson, Keith - Supervisor District 5

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

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

   **B.**
   - Name of Individual (Last, First)
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency’s policy
   - Identify one of the following:
     - Ceremonial Role [ ] Other [x] Income [ ]
     - To reward a community volunteer for his or her service to the public

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

4. **Verification**
   - Signature of Agency Head or Designee: Briana Brown
   - Date: 04/28/17
   - Supervisor’s Assistant: Title
   - Comment: Two Parking passes

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number E-mail
   (510)272-6695 briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description A's vs. Mariners
   Face Value of Each Ticket/Pass $ 80+ ($ 20 Parking)
   Date(s) 04/21/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)

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

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

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

   **C.** Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Andrew Flugelman Foundation
      Berkeley, California
      Scholarships and computers to low income students
      4
      1 parking pass

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.
   Briana Brown
   Supervisor’s Assistant
   04/28/17
   Comment: 

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

### 1. Agency Name
- **Alameda County**
- **Division, Department, or Region (If Applicable):**
- **Board of Supervisors**
- **Designated Agency Contact (Name, Title):**
  - **Briana Brown**
  - **Area Code/Phone Number:** (510)272-6695
  - **E-mail:** brianabrown2@acgov.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Event Description:** A's vs. Mariners
- **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:** $33
- **Date(s):** 04/23/17
- **Name of Source:**
  - **If no:** Oakland Athletics
  - **If yes:** Carson, Keith - Supervisor District 5

### 3. Recipients
- **A.** **Type of Agency and Name of Recipient**
  - **Social Services agency**
  - **Number of Ticket(s)/Pass(es):** 2
  - **Describe the public purpose made pursuant to the agency's policy:**
    - To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev

- **B.** **Name of Individual (Last, First)**
  - **Number of Ticket(s)/Pass(es):**
  - **Identify one of the following:**
    - **Ceremonial Role [ ]** Other [X]
    - **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
- **Signature of Agency Head or Designee:** Briana Brown
- **Print Name:**
- **Title:**
- **Supervisor’s Assistant:**
- **Date:** 04/28/17

**Comment:**

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*FPDC Form 802 (4/12)*

FPDC Toll-Free Helpline: 866/ASK-FPDC (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)
Briana Brown
Area Code/Phone Number E-mail
(510)272-6695 briana.brown2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Basketball
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 $5000
Date(s) 04 / 19 / 17
Golden State Warriors
If no: ____________ Name of Source
If yes: Carson, Keith - Supervisor District 5 Official's Name (Last, First)

3. Recipients
A. [Not Applicable to agency's department or unit] Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☒ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
Ceremonial Role ☐ Other ☒ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
Maria Carson 4

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

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

Signature of Agency Head or Designee Briana Brown Supervisor's Assistant
Print Name 04/28/17 (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)
Briana Brown
Area Code/Phone Number (510)272-6695
E-mail briana.brown2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Julian Alcarez
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 $200
Date(s) 04/29/17
Golden State Warriors
If no: ___________________________
Name of Source
If yes: Carson, Keith - Supervisor District 5
Official's Name (Last, First)

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

B. Name of Individual
(Best, 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 County employee for his or her exemplary service to the public or to encourage staff development
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.
Briana Brown
Signature of Agency Head or Designee
Supervisor's Assistant
Print Name
Title
04/28/17
(Month, Day, Year)

Comment: ___________________________

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

## 1. Agency Information
- **Agency Name**: Alameda County
- **Division, Department, or Region (If Applicable)**: Board of Supervisors
- **Designated Agency Contact (Name, Title)**: Briana Brown
- **Area Code/Phone Number**: (510)272-6695
- **E-mail**: briana.brown2@acgov.org

## 2. Function or Event Information
- **Event Description**: Basketball
- **Face Value of Each Ticket/Pass**: $5000
- **Date(s)**: 04 / 16 / 17
- **Ticket(s)/Pass(es) provided by agency**: Yes ☒ No ☐
- **If yes**: Golden State Warriors
- **If no**: Carson, Keith - Supervisor District 5

## 3. Recipients
- **Name of Agency, Designation (if any)**:  
- **Number of Ticket(s)/Pass(es)**:  
- **Describe the public purpose made pursuant to the agency’s policy**:  
- **Name of Individual (Last, First)**: Mina Sanchez
- **Number of Ticket(s)/Pass(es)**: 4
- **Identify one of the following**:  
  - Ceremonial Role ☐ Other ☒ Income ☐  
  - To reward a County employee for his or her exemplary service to the public or to encourage staff development
- **Number of Ticket(s)/Pass(es)**: 4
- **Identify one of the following**:  
  - Ceremonial Role ☐ Other ☒ Income ☐  
  - If checking “Ceremonial Role” or “Other” describe below:

## 4. Verification
- **Signature of Agency Head or Designee**:  
- **Print Name**: Briana Brown
- **Supervisor’s Assistant**:  
- **Title**:  
- **Date**: 04/28/17

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

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)
   Briana Brown
   Area Code/Phone Number (510)272-6695
   E-mail briana.brown2@acgov.org
   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description A’s vs. Mariners
   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 $ 80
   Date(s) 04 / 21 / 17
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official’s Name (Last, First)

3. Recipients
   A. (Name of Agency, Department/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)
      Describe the public purpose made pursuant to the agency’s policy
      Identify one of the following:
      Ceremonial Role ☐ Other ☑ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To obtain oversight of facilities or events that have received County funding or support
      Ceremonial Role ☐ Other ☑ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I, Briana Brown, have verified that the distribution set forth above, is in accordance with the requirements.
   Supervisor’s Assistant
   Date 04/28/17

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Alameda County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
</tr>
<tr>
<td>Briana Brown</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>(510) 272-6695</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:briana.brown2@acgov.org">briana.brown2@acgov.org</a></td>
</tr>
</tbody>
</table>

**2. Function or Event Information**
- Does the agency have a ticket policy? Yes ☒ No ☐
- Event Description: A's vs. Mariners
  - 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 $80+20Parking
- Date(s) 04/21/17
- If no: Oakland Athletics
  - Name of Source: Carson, Keith - Supervisor District 5
  - 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.
  - Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
  - Shornari Carter 4
    - Identifying one of the following:
      - Ceremonial Role ☐ Other ☒ Income ☐
      - To reward a County employee for his or her exemplary service to the public or to encourage staff development
  - Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
  - Shornari Carter 4

**4. Verification**
- Signature of Agency Head or Designee: Briana Brown
- Supervisor's Assistant: 04/28/17
- (Month, Day, Year)

Comment: __________________________
Agency Name: Alameda County

Board of Supervisors

Designated Agency Contact (Name, Title):

Briana Brown

E-mail: briana.brown2@acgov.org

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

Date Stamp

A Public Document

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 $80+($ 20 Parking)

Event Description: A's vs. Mariners

Date(s): 04/21/17

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

If no: Oakland Athletics

Name of Source: Carson, Keith - Supervisor District 5

Yes ☒ No ☐

If yes: Carson, Keith - Supervisor District 5

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): Kendrick Cunningham

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

Identify one of the following:

- Ceremonial Role ☐
- Other ☒

Income ☐

To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev...

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

Number of Ticket(s)/Pass(es)

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

4. Verification

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

Briana Brown

Signature of Agency Head or Designee

Supervisor's Assistant

Print Name

Title

04/28/17

(Month, Day, Year)

Comment: 

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/273-7772)
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)
   Briana Brown
   Area Code/Phone Number (510)272-6695
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 100
   Event Description A's vs. Angels
   Date(s) 04 / 03 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   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 Department (Include Title/Office)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

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

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

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

   Signature of Agency Head or Designee

   Briana Brown
   Supervisor's Assistant
   Print Name
   Title
   04/28/17
   (Month, Day, Year)

Comment:
Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Briana Brown
Area Code/Phone Number (510)272-6695
E-mail briana.brown2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description A's vs. Angels
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 $ 33
Date(s) 04/03/17
If no: Oakland Athletics
If yes: Carson, Keith - Supervisor District 5

3. Recipients
A. Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

B. Name of Individual Keith Carson
Number of Ticket(s)/Pass(es) 2
Identify one of the following:
Income ☐
Ceremonial Role ☐ Other ☒
To evaluate the contribution of a facility or an event to the
County’s goals for fostering arts, culture and entertainment Oppor
Income ☐
Ceremonial Role ☐ Other ☐
If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization Describe the public purpose made pursuant to the agency’s policy
(Number include address and description)
Number of Ticket(s)/Pass(es) 2

4. Verification
Signature of Agency Head or Designee Briana Brown
Print Name Supervisor’s Assistant
Title 04/28/17 (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)
   Briana Brown
   Area Code/Phone Number (510)272-6695
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No □
   Event Description A's vs. Angels
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   Face Value of Each Ticket/Pass $ 33
   Date(s) 04 / 04 / 17
   If yes: Carson, Keith - Supervisor District 5
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No □ Yes X
   Official's Name (Last, First)

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

A. Agency (Department or Unit)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy
   
B. Name of Individual
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   - Ceremonial Role □ Other X
     If checking “Ceremonial Role” or “Other” describe below:
     - To reward a County employee for his or her exemplary service to
       the public or to encourage staff development
   - Ceremonial Role □ Other □
     If checking “Ceremonial Role” or “Other” describe below:
     - 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.
   Briana Bown
   Supervisor's Assistant
   04/28/17
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)  
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number E-mail
   (510)272-6695 briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description
   A's vs. Astros
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $ 33
   Date(s) 04 / 14 / 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 (Include Position) 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:
      Richard Cao Aisan Health Services 2
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a school or nonprofit organization for its contributions to the community
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      2
   C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown Supervisor's Assistant 04/28/17
   (Month, Day, Year)
   Signature of Agency Head or Designee
   Print Name
   Title
   Comment:

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td>California Form 802</td>
</tr>
</tbody>
</table>

| Division, Department, or Region (If Applicable) |
| Board of Supervisors |
| Designated Agency Contact (Name, Title) |
| Briana Brown |
| Area Code/Phone Number | E-mail |
| (510)272-6695 | briana.brown2@acgov.org |

| 2. Function or Event Information |
| Does the agency have a ticket policy? | Yes ☒ No ☐ |
| Event Description | A's vs. Rangers |
| 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 $ | 33 |
| Date(s) | 04/18/17 |
| Name of Source | Oakland Athletics |
| If yes: Carson, Keith - Supervisor District 5 |
| 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.</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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</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒</td>
</tr>
<tr>
<td>James Brown</td>
<td>2</td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

| 4. Verification |
| 1h |

1994.1 and 1994.2. I have verified that the distribution set forth above, is in accordance with the requirements.

<table>
<thead>
<tr>
<th>Briana Brown</th>
<th>Supervisor’s Assistant</th>
<th>04/28/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Title</td>
<td>(Month, Day, Year)</td>
</tr>
</tbody>
</table>

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)
Briana Brown
Area Code/Phone Number E-mail
(510)272-6695 briana.brown2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description  A's vs. Mariners
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 $ 33
Date(s) 04/21/17
If no: Oakland Athletics
Name of Source
If yes: Carson, Keith - Supervisor District 5
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department, or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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>Ismael Contreras &amp; Karina Paredes, Cal students</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a student for outstanding scholastic achievement</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, Briana Brown, the 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

DateStamp

California Form 802

For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

Official's Name (Last, First)

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)
   Briana Brown
   Area Code/Phone Number: (510)272-6695
   E-mail: briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 33
   Event Description: A's vs. Mariners
   Provide Title/Explanation
   Date(s): 04 / 22 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   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 the Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☑ Income ☐
      Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Carol Burton
      2
      Ceremonial Role ☐ Other ☐ Income ☐
      Income ☐
      To reward a County employee for his or her exemplary service to the public or to encourage staff development

   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
   Briana Brown
   Supervisor's Assistant
   Print Name
   Title
   04/28/17
   (Month, Day, Year)

Comment:
**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 [x] No [ ]
   - Event Description: A's vs. Mariners
   - Date(s): 04/23/17
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - If no: Oakland Athletics
   - If yes: Carson, Keith - Supervisor District 5

3. **Recipients**
   - **A.**
     - Number of Ticket(s)/Pass(es)
     - Describe the public purpose made pursuant to the agency's policy
       -
       -
   - **B.**
     - Name of Individual: Keith Carson
     - Number of Ticket(s)/Pass(es): 4
     - Ceremonial Role [ ] Other [x]
     - Income [ ]
     - To obtain oversight of facilities or events that have received County funding or support
       -
       -
     - Number of Ticket(s)/Pass(es): 4
     - Ceremonial Role [ ] Other [x]
     - Income [ ]
     - If checking "Ceremonial Role" or "Other" describe below:
   - **C.**
     - Name of Outside Organization
     - Number of Ticket(s)/Pass(es)
     - Describe the public purpose made pursuant to the agency's policy
       -

4. **Verification**
   - I have verified that the distribution set forth above, is in accordance with the requirements.
   - Briana Brown
   - Supervisor's Assistant
   - 04/28/17

**Comment:** ____________________________
Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Briana Brown
Area Code/Phone Number (510)272-6695
E-mail briana.brown2@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

Date(s) 04 / 23 / 17

Face Value of Each Ticket/Pass $ 90

Does the agency have a ticket policy? Yes ☒ No ☐
Event Description A's vs. Mariners
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Carson, Keith - Supervisor District 5 Official's Name (Last, First)
If no: Oakland Athletics 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 (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:

Bulmaro Vicente 4 To reward a County employee for his or her exemplary service to the public or to encourage staff development

4. Verification

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

Signature of Agency Head or Designee: Date: 04/28/17
Briana Brown
Supervisor's Assistant
Print Name
Title

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number (510)272-6695
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description A's vs. Mariners
   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 $ 90+($20 Parking)
   Date(s) 04/23/17
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   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>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   A. (Name of Department or Unit)

   B. (Name of Individual)
   Carol Burton
   Number 4
   Ceremonial Role ☐ Other ☑
   Income ☐
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

   4.

   Signature of Agency Head or Designee
   Briana Brown
   Supervisor's Assistant
   04/28/17
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Briana Brown
Area Code/Phone Number
(510)272-6695
E-mail
briana.brown2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: A's vs. Astros
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 $ 33
Date(s) 04 / 15 / 17
If no: Oakland Athletics
If yes: Carson, Keith - Supervisor District 5

3. Recipients
A. (Agency/Department/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:
James Brown
2
To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking

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

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

Signature of Agency Head or Designee

Briana Brown
Print Name
Supervisor’s Assistant
Title
04/28/17 (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No □
   Event Description Oakland A's vs. Seattle Mariners
   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 $ 90
   Date(s) 4/22/17
   Name of Source If no: Oakland Athletics
   Official's Name (Last, First) 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>
</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>Valle, Richard</td>
<td>2</td>
<td>Ceremonial Role ☒ Other ☒ Income ☒</td>
</tr>
<tr>
<td>Sanborn, Robert</td>
<td>4</td>
<td>Ceremonial Role ☒ Other ☒ Income ☒</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Nancy Sa
   Supervisor's Assistant Print Name Title 4/28/17

Comment: Includes 3 parking passes at the value of $20 each.
### 3. Recipients

- Use Section 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>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prentiss, Jake</td>
<td>4</td>
<td>Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td>Moreno, Cassandra</td>
<td>2</td>
<td>Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td>Sanchez, Melisio</td>
<td>4</td>
<td>Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td>Rodriguez, Edgar</td>
<td>4</td>
<td>Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</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>
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</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 E-mail
   (510) 272-6692 nancy.sa@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Oakland A's vs. Houston Astros
   Face Value of Each Ticket/Pass $ 80
   Date(s) 4 / 14 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☒ Income ☐
      Valle, Richard | 2 | To evaluate the contribution of a facility to the County's goals for fostering arts, culture and entertainment opportunities
      Mott, Yvonne | 4 | To reward a community volunteer for her service to the public.

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

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

   Print Name: Nancy Sa
   Title: Supervisor's Assistant
   Date: 4/28/17

Comment: Includes 3 parking passes at the value of $20 each.
### 3. Recipients

- **Use Section 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>
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<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dutton, John</td>
<td>4</td>
<td>To reward a community volunteer for his service to the public.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>McEvoy, Zion</td>
<td>4</td>
<td>To reward a community volunteer for her service to the public.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillmore, Atticus</td>
<td>2</td>
<td>To reward a community volunteer for his service to the public.</td>
<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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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
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 Oakland A's vs. SF Giants
Date(s) 4/1/17
Face Value of Each Ticket/Pass $80
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If no: Oakland Athletics
If yes: Valle, Richard- Supervisor District 2
Name of Source Official's Name (Last, First)

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

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

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

Respaldiza, Nancy 3
Ceremonial Role ☐ Other ☒ Income ☐

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

Ceremonial Role ☐ Other ☐ Income ☐

4. Verification
I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Nancy Sa
Print Name
Title
(4/26/17)

Comment: Includes 1 parking pass at the value of $20.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nancy Sa
   Area Code/Phone Number E-mail
   (510) 272-6692 nancy.sa@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing:

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 100
   Event Description Oakland A’s vs. LA Angels
   Date(s) 4 / 3 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Armars, Karla 3 | Ceremonial Role ☐ Other ❑ Income ☐
   To reward a community volunteer for her service to the public.
   3 | Ceremonial Role ☐ Other ☐ Income ☑
   If checking “Ceremonial Role” or “Other” describe below:

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

   4. Verification
   I 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
   4/28/17 (Month, Day, Year)
   Comment:

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description Oakland A's vs. SF Giants
   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 $25
   Date(s) 4 / 1 / 17
   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 [X] Income [ ]
   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 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 or agency name or designee: ____________________________
   Print Name
   Supervisor’s Assistant ____________________________
   Title ____________________________
   Date Stamp 4/28/17
   Date of Original Filing: ____________________________

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 25
Event Description Oakland A's vs. LA Angels
Provide Title/Explanation
Date(s) 4 / 4 / 17 4 / 6 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Athletics
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

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

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
Corona, Norma 2 Ceramic Role □ Other ☒ Income □ To reward a community volunteer for her service to the public.
Martinez, Christina 2 Ceramic Role □ Other ☒ Income □ To reward a community volunteer for her service to the public.

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

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

Signature of Agency Head/Designee __________________________ Print Name __________________________
Nancy Sa Supervisor’s Assistant ____________
( 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>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>De La Cruz, Alejandra</td>
<td>2</td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
<td></td>
</tr>
</tbody>
</table>

|                                      |                            | Ceremonial Role □ Other □     |
|                                      | To reward another community service volunteer for his service to the public. |

|                                      |                            | Ceremonial Role □ Other □     |
|                                      | To reward another community service volunteer for his service to the public. |

|                                      |                            | Ceremonial Role □ Other □     |
|                                      | To reward another community service 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>
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<tr>
<td></td>
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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**
   - Event Description: Oakland A’s vs. Astros
   - Ticket(s)/Pass(es) provided by agency? **Yes**
   - Was ticket distribution made at the behest of agency official? **No**
   - Face Value of Each Ticket/Pass $25
   - Date(s): 4/14/17, 4/16/17
   - Name of Source: Oakland Athletics
   - Official’s Name (Last, First): Valle, Richard - Supervisor District 2

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

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

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

   **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

   South Hayward Parish; 27287 Patrick Ave., Hayward, CA 94544
   - Number of Ticket(s)/Pass(es): 6
   - To reward a non profit organization for its contributions to the community.
   - Provides emergency short term assistance to individuals and families.

4. **Verification**
   - I have read and understand FPPC Provisions 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: 4/28/17

   **Comment:**
   - 

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

1. Agency Name
   Alameda County
   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 Oakland A's vs. Rangers
   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 $ 25
   Date(s) 4 / 17 / 17 4 / 19 / 17
   If no: Oakland Athletics
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td>2</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>2</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghan Coalition; 29155 Liberty Street, Fremont CA 94538</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>To reward a non profit organization for its contributions to the community.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empowers refugee families through provision of services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Nancy Sa
   Print Name: Supervisor's Assistant: 4/28/17
   Title: (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Chance the Rapper
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 $ 200
Date(s) 4 / 26 / 17
If no: Golden State Warriors
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</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martinez, Mike</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td>Singer, Kris</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
</tbody>
</table>

4. Verification
I have verified that the distribution set forth above, is in accordance with the requirements.
Signature of Agency Head or Designee: Nancy Sa
Print Name: Patricia Sa
Supervisor’s Assistant: Patricia Sa
Title: Supervisor
Date: 4/28/17
(Month, Day, Year)
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- **Alameda County**
- **Board of Supervisors**
- **Designated Agency Contact**: 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. Trail Blazers
  - **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** $5000
  - **Date(s)**: 4/16/17
  - **If no:** 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
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

### 4. Verification
- **I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.**
- **Date of Original Filing**: (Month, Day, Year)
- **Supervisor’s Assistant**: Nancy Sa
  - **Print Name**: Nancy Sa
  - **Title**: Supervisor's Assistant
  - **Date**: 4/28/17

**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)
   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 $ 5000
   Event Description: Warriors vs. Trail Blazers
   Date(s): 4 / 19 / 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? Yes ☒ No ☐
   Official’s Name: 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>Bocog, Vanessa</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></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

4. Verification
   I, Nancy Sa, the Agency Head or Designee, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Nancy Sa
   Supervisor’s Assistant: Print Name
   Title:
   Date: 4/28/17 (Month, Day, Year)

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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. Wizards
   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 $1100
   Date(s) 4/2/17
   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
      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
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      St. Rose Hospital Foundation; 27200 Calaroga Ave. Hayward, CA 94545
      4 To reward a non profit organization for its contributions to the community.
      Support the mission to provide quality healthcare for those in need

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 4/28/17 (Month, Day, Year)

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

## 1. Agency Name

Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Nancy Sa

Area Code/Phone Number (510) 272-6692

E-mail nancy.sa@acgov.org

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 [X] No □

Face Value of Each Ticket/Pass $1000

Event Description Warriors vs. Timberwolves

Provide Title/Explanation

Date(s) 4/17

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? Yes [X] No □

If yes: Valle, Richard- Supervisor District 2

Official’s Name (Last, First)

## 3. Recipients

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

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

<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 (e.g., Post)

<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>Nicholson, Brandon</td>
<td>4</td>
<td>Ceremonial Role [X] Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [X] Other □ Income □</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 (include address and description)

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

## 4. Verification

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

Nancy Sa

Supervisor's Assistant

Print Name

Title

4/28/17 (Month, Day, Year)

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

FPPC Form 802 (4/12)

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Nancy Sa
Area Code/Phone Number (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. Pelicans
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $ 1200
Date(s) 4 / 8 / 17
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard - Supervisor District 2
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</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>Reiner, Eileen</td>
<td>4</td>
<td>Ceremonial Role ☑ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☑ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee
Nancy Sa
Date Stamp
Supervisor’s Assistant
Print Name
Title
Date of Original Filing: (Month, Day, Year)
4/28/17
Comment: Includes 1 parking pass at the value of $30

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Warriors vs. Utah Jazz
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $ 1000
   Date(s) 4 / 10 / 17
   If no: Golden State Warriors
   If yes: Valle, Richard- Supervisor District 2
   Name of Source
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☑ Income ☐
      To reward a community 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 read and understood FPPC sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Nancy Sa
   Supervisor’s Assistant
   Print Name
   Title
   Date: 4/28/17

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ✗ No ☐
   - Event Description: Warriors vs. LA Lakers
   - Face Value of Each Ticket/Pass $: 1200
   - Date(s): 4/12/17
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ✗
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ✗

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

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

   **B. Name of Individual**
   - Name of Individual: Henderson-Lovato, Annica
   - Number of Ticket(s)/Pass(es): 4
   - Identify one of the following:
     - Ceremonial Role ☐ Other ✗ Income ☐
   - To reward a community volunteer for her service to the public.

   **C. Name of Outside Organization**
   - Name of Outside Organization: (include address and description)
   - Number of Ticket(s)/Pass(es): 4
   - Describe the public purpose made pursuant to the agency’s policy

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature or Agency Head or Designee: Nancy Sa
   - Signature or Agency Head or Designee: Supervisor's Assistant
   - Print Name: Nancy Sa
   - Title: 4/28/17
   - (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Julián Alvaraz
   Face Value of Each Ticket/Pass $200
   Date(s) 4 / 29 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

   B. Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☒ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   Saavedra, Rosario
   4
   To reward a community volunteer for her service to the public.

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

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Nancy Sa
   Supervisor's Assistant
   Print Name
   Title
   4/28/17 (Month, Day, Year)
   Comment:
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

#### 1. Agency Name
- **Alameda County**
- **Division, Department, or Region (If Applicable)**: Board of Supervisors
- **Designated Agency Contact (Name, Title)**: Anna Gee

#### 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 [x] No [ ]
- **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass $**: 30
- **Date(s)**: 3/18/17
- **Name of Source**: Golden State Warriors
- **Name of Official**: Miley, Nate

#### 3. Recipients

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>305 District Office</strong></td>
<td>5</td>
<td>To reward a County employee for their exemplary service to the public.</td>
</tr>
<tr>
<td><strong>General Services Agency</strong></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moore, Chuck</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Chase, Steve</td>
<td>2</td>
<td></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
- **Signature of Agency Head or Designee**: Anna Gee
- **Print Name**: Anna Gee
- **Executive Assistant**: Anna Gee
- **Title**: Executive Assistant
- **Date of Action**: 3/18/17

**Comment:**

---

*FPPC Form 802 (4/12)*

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

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

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes ☒ No ☐
- Event Description: Disney On Ice
- Face Value of Each Ticket/Pass: $15
- Date(s): 3/1/17 2/2/17
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- If no: Golden State Warriors
- 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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiu, Angela</td>
<td>4</td>
<td>To promote attendance at an event held at a county facility in order to maximize potential county revenue through parking and concession sales.</td>
</tr>
<tr>
<td>Mohammad, Ansar</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

Signature of Agency Elected or Designee: Anna Gee
Print Name: Anna Gee
Position: Executive Assistant
Date: 4/3/17

Comment: Ramsey received 3/2/17 fix.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Anna Gee

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

Date Stamp
California Form 802
For Official Use Only

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

2. Function or Event Information

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

Event Description: [Provide Title/Explanation]

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

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

Face Value of Each Ticket/Pass $ 75

Date(s): 3/3/17 3/4/17

Name of Source: Golden State Warriors

If yes: Miley, Nate

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
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐

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

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

4. Verification

I have reviewed and filed the Form 802, Code: Ceremonial Role, in accordance with the requirements. 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
Print Name
Executive Assistant
Title
Date (Month, Day, Year)

Comment: Vargas received 3/3/17
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:
   Face Value of Each Ticket/Pass: $75
   Date(s): 3/5/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source: Golden State Warriors
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   Official's Name (Last, First): 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 (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☒ Income ☐
   To promote attendance at an event held at a county facility in order to maximize potential county revenue through parking and concessions sales.

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee
   Executive Assistant
   Print Name
   Title
   (Month, Day, Year)

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No □
   - Face Value of Each Ticket/Pass: $304.80
   - Event Description: Basketball Game
   - Date(s): 3/16/17, 3/18/17
   - Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
   - If no: Golden State Warriors
     - Name of Source
   - Was ticket distribution made at the behest of agency official? Yes ☒ No □
     - If yes: Miley, Nate
     - Official’s Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>7200 Bancroft Ave #251</td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td>Oakland 94606</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SENIOR ADVOCACY</td>
<td></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</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>4</td>
<td>To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.</td>
</tr>
<tr>
<td>7200 Bancroft Ave #251</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oakland 94606</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SENIOR ADVOCACY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**
   - I, Anna Gee, have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature: Anna Gee
   - Date: 3/3/17
   - Title: Executive Assistant
   - (Month, Day, Year)

Comment:
### 3. Recipients
- **Use Section 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(s)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Per Box)</th>
<th>Number of Ticket(s)/Pass(s)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</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(s)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunflower Hill 40168 Box 1142 Pleasanton 94528</td>
<td>4</td>
<td>To reward a non-profit organization for their contributions to the community</td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 304.80
Event Description
Date(s) 3.24.17 3.26.17
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
A. Name of Agency, Department or Unit
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency's policy

B. Name of Individual
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☒ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.
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
United Seniors of Oakland & Alameda County
7200 Bancroft Ave #251
Oakland 94605
SENIOR ADVOCACY
To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.

4. Verification
I, Anna Gee, as the Agency Head or Designee, verify that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Anna Gee
Print Name: Executive Assistant
Title: Date: 4/5/17
(Month, Day, Year)

Comment:

FPPC Form 862 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 2.04 80
   Date(s) 3/31/17
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      United Seniors of Oakland & Alameda County
      7200 Bancroft Ave #251
      Oakland 94605
      SENIOR ADVOCACY
      4
      To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.

4. Verification
   I have complied with 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
   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)
   Briana Brown
   Area Code/Phone Number (510)272-6695
   E-mail briana.brown2@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: ______________

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description E-40
   Face Value of Each Ticket/Pass $ 150
   Date(s) 05 / 20 / 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 - Supervisor District 5
   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, Division, or Department
      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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor’s Assistant
   Title
   04/28/17
   (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)
Briana Brown
Area Code/Phone Number (510)272-6695
E-mail briana.brown2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description A's Baseball
Face Value of Each Ticket/Pass $ 80
Date(s) 05/5/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Athletics
If yes: Carson, Keith - Supervisor District 5
Name of Source

3. Recipients
• Use Section 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.</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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<td>Ceremonial Role ☐ Other ☒</td>
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<td>Income ☐</td>
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<th>C.</th>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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Student Program for Academic and Athletic transitioning 2

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

Signature of Agency Head or Designee Briana Brown Supervisor's Assistant 04/28/17
Print Name Title (Month, Day, Year)

Comment: 2 field 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)
Briana Brown
Area Code/Phone Number (510)272-6695
E-mail brianabrown2@acgov.org

Date Stamp
A Public Document
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 $200
Event Description Chance the Rapper
Provide Title/Explanation
Date(s) 04/26/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
If yes: Carson, Keith - Supervisor District 5
Official’s Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit Board of Supervisors D5
Number of Ticket(s)/Pass(es) 4
Describe the public purpose made pursuant to the agency’s policy To reward a County employee

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 County employee for his or her exemplary service to the public or to encourage staff development

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 the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Briana Brown

Print Name
Supervisor’s Assistant
04/28/17
Title
(Month, Day, Year)

Comment: