**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 [x] No [ ]  
Face Value of Each Ticket/Pass $ [ ] 33  
Event Description Baseball game  
Date(s) 05 / 24 / 17  
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]  
If no: Oakland A’s  
If yes: Chan, Wilma  
Was ticket distribution made at the behest of agency official? No [ ] Yes [x]  
Name of Source  
Official’s Name (Last, First)

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

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

| 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reno, Mary Anne</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

4. **Verification**  
8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  
Sarah Oddie  
Supervisor’s Assistant  
05.31.2017

Comment: 

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

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - Sarah Oddie

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

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

   **Face Value of Each Ticket/Pass**
   - $33

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes ☑ No ☐
   - **Event Description**
     - Baseball game
   - **Date(s)**
     - 05 / 19 / 17
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes ☐ No ☑
   - **If yes:**
     - Name of Source
     - Chan, Wilma
     - Official’s Name (Last, First)

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

   **A. Name of Agency, Department or Unit**
   - 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 ☐
   - If checking "Ceremonial Role" or "Other" describe below:

   **Baltrust, Katie**
   - 2
   - 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**
   - **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
   - 05.31.2017

   **Comment:**

---

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ $33
Event Description Baseball game Date(s) 05 / 23 / 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 ☑ Chan, Wilma

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish Speaking Citizens Fndn, 1470 Fruitvale Ave, Oakland, CA 94601</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Citizenship, employment, education support for Spanish speaking immigrants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have reviewed and certified 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 (Month, Day, Year) 05.31.2017

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 33
   Date(s) 05 / 18 / 17
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Chan, Wilma
   Official’s Name (Last, First)
   If no: Oakland A’s
   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.

   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
   ---------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------
   Spanish Speaking Citizens Fndn, 1470 Fruitvale Ave, Oakland, CA 94601 2 To reward a school or nonprofit organization for its contributions to the community
   Citizenship, employment, education support for Spanish speaking immigrants

4. Verification
   I have 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: 05.31.2017
   Title: (Month, Day, Year)
   
   Comment: ________________________________
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

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

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) 05/10/17
   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.

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

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

<table>
<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>Asian Health Services, 818 Webster St,</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Oakland, CA 94607</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare clinic; advocates for access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to healthcare</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**
   I have 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie  Supervisor's Assistant  05.31.2017
   Signature of Agency Head or Designee  Print Name  Title  (Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $ 90 ticket/$20 park
   Date(s) 05/19/17
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑
   If no: Oakland A’s
   If yes: Chan, Wilma
   Name of Source
   Official’s Name (Last, First)

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

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

      B. Name of Individual
         (Last, First)
         Number of Ticket(s)/Pass(es)
         Identify one of the following:
         Ceremonial Role ☐ Other ☐ Income ☐
         If checking “Ceremonial Role” or “Other” describe below:
         To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
         Ceremonial Role ☐ Other ☐ Income ☐
         If checking “Ceremonial Role” or “Other” describe below:
         3+1

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Sarah Oddie
   Supervisor’s Assistant
   05.31.2017
   (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**: (510) 272-6693
- **E-mail**: sarah.oddie@acgov.org

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description**: Baseball game
- **Face Value of Each Ticket/Pass $**: $90 ticket/$20 park
- **Date(s)**: 05/18/17
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

#### 3. Recipients
- **Face Value of Each Ticket/Pass $**: $90 ticket/$20 park
- **Date(s)**: 05/18/17
- **If no Title/Explaination**
- **If yes**: Oakland A's
- **Name of Source**: Chan, Wilma
- **Official’s Name (Last, First)**: Chan, Wilma

<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>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda Health Systems Fndn, 50 Frank H. Ogawa Plz, Ste. 900, Oakland 94612</td>
<td>18+3</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Fundraising to provide healthcare services to public hospitals in Al.Co.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Verification
- **Signature of Agency Head or Designee**: Sarah Oddie
- **Supervisor’s Assistant**: Sarah Oddie
- **Date of Filing**: 05.31.2017
- **Comment**:

---

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

Designated Agency Contact: 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: $80 ticket/$20 park

Date(s): 05/09/17

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

Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

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

El Emmet, Tevah

4+1

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

C. Name of Outside Organization

Number of Ticket(s)/Pass(es)

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

4+1

4. Verification

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

Sarah Oddie

Print Name

Supervisor’s Assistant

Title

05.31.2017

(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 $ ☐ $80 ticket/$20 park
   Event Description Baseball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 05/09/17
   If no: Oakland A's
         Name of Source
   If yes: Chan, Wilma
         Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

   B. Name of Individual
      (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
      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
   Alameda County Community Food Bank, 7900 Edgewater Dr, Oakland, CA 94621
   6
   To reward a school or nonprofit organization for its contributions
to the community

   Distributes food to food insecure individuals + families in Alameda Co.

4. Verification
   I have reviewed and authorized the information contained herein.
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor's Assistant
   05.31.2017
   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 ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $80 ticket/$20 park
   Date(s) 05 / 09 / 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:
      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
      Cypress Mandela Training Center, 977 66th Ave, Oakland, CA 94621
      4+1 To reward a school or nonprofit organization for its contributions to the community
      pre-apprentice construction and life skills training + employment

4. Verification
   I, the undersigned, declare under penalty of perjury that the events set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Sarah Oddie Supervisor's Assistant 05.31.2017
   Print Name Title (Month, Day, Year)

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Face Value of Each Ticket/Pass $ ________________
   Event Description Baseball game
   Date(s) 05 / 09 / 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? Yes ☑ No □
   If yes: Chan, Wilma

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

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

   B. Name of Individual
      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
      Washington Manor Middle School, 1170 Fargo Ave, San Leandro, CA 94579
      4+1 To reward a school or nonprofit organization for its contributions to the community
      Middle school in San Lorenzo Unified School District

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 __________________________
   Date 05.31.2017 (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/Paid $ 33
   Event Description Baseball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Date(s) 05/09/17
   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:
      Ceremonial Role ☐ Other ☐ Income ☐
      Income ☐

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      First 5 Alameda County, 1115 Atlantic Ave, Alameda, CA 94501
      2
      To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I hiations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor’s Assistant
   05.31.2017

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes**
   - Event Description: Baseball game
   - Face Value of Each Ticket/Pass: $33
   - Date(s): 05/07/17
   - Ticket(s)/Pass(es) provided by agency? **No**
   - If yes: Oakland A's
   - Was ticket distribution made at the behest of agency official? **Yes**
   - If yes: Chan, Wilma

3. **Recipients**

   3.1 **A. Name of Agency, Department or Unit**
   - Describe the public purpose made pursuant to the agency’s policy

   3.2 **B. Name of Individual**
   - McCormick, Mike
   - Number of Ticket(s)/Pass(es): 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

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

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

   Sarah Oddie (Signature of Agency Head or Designee)  
   Supervisor’s Assistant (Print Name)  
   05.31.2017 (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) 05 / 06 / 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)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</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>Hankerson, Jennifer</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</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, Sarah Oddie, Supervisor’s Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   05.31.2017 (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
   Face Value of Each Ticket/Pass $33
   Date(s) 05 / 08 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   Name of Source Chan, Wilma
   If yes: 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.

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

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

<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>Satellite Affordable Housing Associates, 1835 Alcatraz Ave, Berkeley, CA 94703</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Nonprofit affordable housing developer</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
   05.31.2017 (Month, Day, Year)
   FFPC Form 802 (4/12)
   FFPC Toll-Free Helpline: 866/ASK-FFPC (866/275-7772)
**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**

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

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 $** $80 ticket/$20 park
   - **Date(s)** 05 / 05 / 17
   - **If no:** Oakland A's
   - **Name of Source** Chan, Wilma
   - **Official's Name (Last, First)**

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

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

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

   **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**
   - Satellite Affordable Housing Associates,
     1835 Alcatraz Ave, Berkeley, CA 94703
     4
     To reward a school or nonprofit organization for its contributions to the community

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Signature or Agency Seal or Wrisignature**
   - **Print Name** Sarah Oddie
   - **Title** Supervisor's Assistant
   - **Date** 05.31.2017

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description 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 $ 80 ticket/$20 park
   Date(s) 05 / 05 / 17
   If no: Oakland A's
   Name of Source Chan, Wilma
   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>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 (First, Last)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOS Meals on Wheels, 2235 Polvorosa Ave #260, San Leandro, CA 94577</td>
<td>6+1</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Provides meals to low-income, homebound seniors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor's Assistant
   05.31.2017

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Baseball game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 05 / 05 / 17
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)
Face Value of Each Ticket/Pass $ $80 ticket/$20 park

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda Boys &amp; Girls Club, 1900 3rd St, Alameda, CA 94501</td>
<td>4+1</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Inspire + enable youth to realize full potential as caring + responsible citizens</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signed or agency head or designee: ____________________________
Print Name: Sarah Oddie
Supervisor's Assistant: ____________________________
Title: ____________________________
Date: 05.31.2017 (Month, Day, Year)

Comment: ____________________________
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   E-mail: sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $80 ticket/$20 park
   Date(s) 05 / 05 / 17
   If no: Oakland A’s
   If yes: Chan, Wilma
   Name of Source
   Official’s Name (Last, First)

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

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

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

   **Section C**
   Name of Outside Organization (Include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy
   East Bay Innovations, 2450 Washington Ave #240, San Leandro, CA 94577
   4+1
   To reward a school or nonprofit organization for its contributions to the community

   Providing services to people with disabilities in Alameda County

4. Verification
   I have signed AB 1894.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee:
   Sarah Oddie
   Supervisor’s Assistant
   05.31.2017
   (Month, Day, Year)

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Basketball Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $312.50 ticket/$40 park
   Date(s): 05/02/17
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

   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 ☐
   Rupp, Candy | 2+P | To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
   Rupp, Candy | 2+P | 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 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
   Title
   05.31.2017

   Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Basketball Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 312.50, ticket
   Date(s): 05 / 02 / 17
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

   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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Sarah Oddie
   Supervisor’s Assistant
   Print Name
   Title
   (Month, Day, Year)
   05.31.2017
   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
- Designated Agency Contact: Sarah Oddie
  - Area Code/Phone Number: (510) 272-6693
  - E-mail: sarah.oddie@acgov.org

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description:** Basketball Game
  - **Face Value of Each Ticket/Pass:** $250 ticket
  - **Date(s):** 05/04/17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
- **If yes:** Chan, Wilma
  - **Name of Source:** Golden State Warriors
  - **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>Brekke-Miesner, Lukas</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></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>2</td>
<td></td>
</tr>
</tbody>
</table>

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

#### 4. Verification
- I have verified that the distribution set forth above, is in accordance with the requirements.
  - **Sarah Oddie**: Supervisor's Assistant
  - **Date:** 05.31.2017

Comment: [signature]

---

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass: $32.50
ticket/$40 park
   Date(s): 05/04/17
   If no: Golden State Warriors
   Name of Source Chan, Wilma
   If yes: Official's Name (Last, First)

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

A. Name of Agency, Department or Unit
   Number of Ticket(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 have satisfied 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name Sarah Oddie
   Supervisor's Assistant
   Title 05.31.2017
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source Chan, Wilma
   If yes: Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $312.50 ticket/$40 park
   Date(s) 05/14/17

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   
   B. Name of individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   
   Chang, Emily | 2+p | Ceremonial Role ☐ Other ☐
   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
   I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee Sarah Oddie Supervisor’s Assistant
   Print Name Title
   Date (Month, Day, Year) 05.31.2017

Comment: ________________________________

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Face Value of Each Ticket/Pass $ 312.50 ticket
   Date(s) 05/14/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

<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>Geisner, Ben</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee
Sarah Oddie
Print Name
Supervisor's Assistant
Title
05.31.2017
(Month, Day, Year)

Comment:
**Agency Report of:**

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description** Basketball Game
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
   - **Face Value of Each Ticket/Pass** $50
   - **Date(s)** 05/16/17
   - **If no:** Golden State Warriors
   - **If yes:** Chan, Wilma

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

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

   **B. Name of Individual**
   - **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**

   **C. Name of Outside Organization**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency’s policy**
     - **Nonprofit Housing Assn. of N. CA, 369 Pine Street, Suite 350, SF CA 94104**
     - 2+p
     - To reward a school or nonprofit organization for its contributions to the community
     - **Nonprofit working to build & advocate for affordable housing**

4. **Verification**
   - I have read and understand C.R.S. 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**
   - **Title**
   - **Date** 05.31.2017

Comment:
### Agency Report of:

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

#### 1. Agency Name

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

#### 2. Function or Event Information

Does the agency have a ticket policy? **Yes** ☒  **No** ☐  
Face Value of Each Ticket/Pass $33

**Event Description** Baseball game  
**Provide Title/Explanation**

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

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

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

#### 3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph, Megan</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>2</td>
<td>Ceremonial Role ☐  Other ☐  Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<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**  
**Title**  
**Date** 05.31.2017

**Comment:**
# 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 ☐

Event Description: Gabriel Iglesias

Provide Title/Explanation:

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

Face Value of Each Ticket/Pass $ $60

Date(s) 05 / 12 / 17

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

If no: Golden State Warriors

Name of Source:

If yes: Chan, Wilma

Official’s Name (Last, First)

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

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

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

### B. Name of Individual

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

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

<table>
<thead>
<tr>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
</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>UFW Foundation, 427 Pajaro St. Suite 3 Salinas, CA 93901</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Sarah Oddie

Supervisor’s Assistant

03.27.2017

(Print Name)

Title

(Month, Day, Year)

Comment:

Signature of Agency Head or Designee

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Event Description  E-40, Schoolboy Q, Iamsu! and more
   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 $ 150
   Date(s) 05 / 20 / 17
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

   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 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
   (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)
Gabriela Christy
Area Code/Phone Number (510) 272 - 5081
E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description GS Warriors vs. Utah Jazz
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Valle, Richard- Supervisor District 2
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 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 service to the public

Gonzalez, Robert
2

Boskovitch, Alex
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
944.1 and 18642. 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

Comment:

Gabriela Christy Supervisors Assistant
05/25/17

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)
Gabriela Christy

Area Code/Phone Number (510) 272 - 5081
E-mail Gabriela.Christy@acgov.org

Date Stamp

California Form 802
For Official Use Only

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

Event Description GS Warriors vs. Utah Jazz

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 $12.50

Date(s) 05 / 04 / 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.

<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>Munoz, Arnie</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

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

To reward a community volunteer for her service to the public

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

4. I, Gabriela Christy, supervisor’s assistant, signature of agency head or designee, 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, 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)
   Gabriela Christy
   Area Code/Phone Number (510) 272 - 5081
   E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Oakland A's vs. Detroit Tigers
   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: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

3. Recipients
   • Use Section C to identify an outside organization.
   - 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
      New Haven School’s Foundation 4
      To reward a non profit for its contributions to the community

4. Verification
   I, 144.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy  Supervisor’s Assistant
   Print Name  Title
   Date of Filing: 05/25/17

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)
   - Gabriela Christy
   - Area Code/Phone Number (510) 272 - 5081
   - E-mail Gabriela.Christy@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. Detroit Tigers
   - Date(s) 05 / 07 / 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.

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

<table>
<thead>
<tr>
<th>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>New Haven School's Foundation</td>
<td>2</td>
<td>To reward a non profit for its contributions to the community</td>
</tr>
</tbody>
</table>

4. Verification
   - Signature of Agency Head or Designee
   - Print Name
   - Supervisor's Assistant
   - Title
   - 05/25/17

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)
   - Gabriela Christy
   - [Area Code/Phone Number](510) 272 - 5081
   - E-mail: Gabriela.Christy@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**: (if applicable)
   - **Date(s)**: 05/08/17
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes ☐ No ☒
   - **Name of Source**
     - If no: Oakland Athletics
     - If yes: Valle, Richard - Supervisor District 2
   - **Official's Name (Last, First)**
   - Was ticket distribution made at the behest of agency official? **Yes ☒ No ☐**

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

   **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**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency's policy**
   - Filipino Advocates for Justice 2
   - To reward a non profit for its contributions to the community

4. **Verification**
   - Signature of Agency Head or Designee: [Signature]
   - Print Name: Gabriela Christy
   - Supervisor's Assistant: [Signature]
   - Title: [Title]
   - Date: [Date]

   Comment: [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)
   Gabriela Christy
   Area Code/Phone Number (510) 272 - 5081
   E-mail Gabriela.Christy@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
   Date(s) 05 / 09 / 17 05 / 10 / 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:
   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
   Viola Blythe 4 To reward a non profit for its contributions to the community

4. Verification
   I, (Name), 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 (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)
Gabriela Christy

Area Code/Phone Number E-mail
(510) 272 - 5081 Gabriela.Christy@acgov.org

Date Stamp California Form 802
A Public Document
For Official Use Only

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

Face Value of Each Ticket/Pass $ 60.00

Event Description Gabriel "Fluffy"

Date(s) 05 / 12 / 17

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

Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

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

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

4. Verification

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

Signature of Agency Head or Designee: Gabriela Christy
Print Name

Supervisor's Assistant: 05/25/17
Title

(Month, Day, Year)

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

### 1. Agency Name
- Alameda County
- Board of Supervisors

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description** GS Warriors vs. San Antonio Spurs
- **Face Value of Each Ticket/Pass** $50
- **Date(s)** 05/14/17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒

### 3. Recipients

<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>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maramontes, Sharon</td>
<td>4/1</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
<td>To reward a community volunteer for her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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: Gabriela Christy  
Print Name: Gabriela Christy  
Title: Supervisor's Assistant  
Date: 05/25/17

Comment: ____________________________________________________________

---

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Gabriela Christy
   Area Code/Phone Number: (510) 272 - 5081
   E-mail: Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: GS Warriors vs. San Antonio Spurs
   Face Value of Each Ticket/Pass: $22.50
   Date(s): 05/16/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source: Valle, Richard- Supervisor District 2
   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 Name)
   ——- | ———— | Identify one of the following:
   Flores, Jamie | 4/1 | Ceremonial Role ☐ Other ☒ Income ☐
   if checking "Ceremonial Role" or "Other" describe below:
   To reward a community volunteer for her service to the public

   ——- | ———— | ——-
   ——- | ———— | ——-

   C. Name of Outside Organization
      (Include address and description)
   ——- | ———— | Describe the public purpose made pursuant to the agency's policy
   ——- | ———— | ——-
   ——- | ———— | ——-

4. Verification
   I, Gabriela Christy, 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: __________________________
   Date: 05/25/17 (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272 - 5081
   E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?
   Yes ☐ No ☑
   Event Description Oakland A's vs. Boston Red Sox
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 25
   Date(s) 05 / 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.

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   
   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   
   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Filipino Advocates for Justice 2 To reward a non profit for its contributions to the community

4. Validation
   I declare under penalty of perjury that the distribution set forth above is in accordance with the requirements.
   Gabriela Christy
   Supervisor's Assistant

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272 - 5081
   E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Oakland A's vs. Boston Red Sox
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 25
   Date(s) 05 / 19 / 17 05 / 20 / 17
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Name of Source: Oakland Athletics
   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 ☐
      - 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
      Sunol Glen 4
      To reward a non profit for its contributions to the community

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

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):** Gabriela Christy

   **Area Code/Phone Number:** (510) 272 - 5081

   **E-mail:** Gabriela.Christy@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Face Value of Each Ticket/Pass:** $90/$20
   - **Event Description:** Oakland A’s vs. Boston Red Sox
   - **Date(s):** 05/19/17
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **Name of Source:** Oakland Athletics
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒

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

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

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

   **B. Name of Individual**

   **(Last, First)**

   | Name of Individual | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☒ Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Martinez, Lilian</td>
<td>3/1</td>
<td>To reward a community volunteer for her service to the public.</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. **Signature of Agency Head or Designee**
   - Gabriela Christy

   **Supervisor's Assistant**
   - Print Name

   **Date:** 08/25/17

   **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
   Board of Supervisors
   Gabriela Christy

   Area Code/Phone Number: (510) 272-5081
   E-mail: Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $150.00
   Event Description: E-40, Schoolboy Q, Imasu
   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: Valle, Richard - Supervisor District 2
   Official's Name (Last, First)

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

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

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

   **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**

   James Logan High School
   4
   To reward a school for its contributions to the community

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

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

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

**1. Agency Name**
Alameda County  
Board of Supervisors  
Gabriela Christy

**Designated Agency Contact (Name, Title)**
Gabriela Christy (510) 272-5081 Gabriela.Christy@acgov.org

**Date Stamp**  
[Form 802]  
California
Form 802  
For Official Use Only

**2. Function or Event Information**
Does the agency have a ticket policy? Yes ☑ No ☐  
Event Description: Oakland A’s vs. Boston Red Sox

Face Value of Each Ticket/Pass $ 25  
Date(s): 05/21/17

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

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

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

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

<table>
<thead>
<tr>
<th>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>City of Hayward</td>
<td>2</td>
<td>To reward a non profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

---

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

/ Gabriela Christy  
Print Name

/ Supervisor’s Assistant  
Print Name

Date: 05/25/17

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)
Gabriela Christy
Area Code/Phone Number E-mail
(510) 272 - 5081 Gabriela.Christy@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. Miami Marlins
Date(s) 05 / 23 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Oakland Athletics
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
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 ☐
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
--- | --- | ---
City of Hayward 2 | To reward a non profit organization for its contributions to the community

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

Gabriela Christy 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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Event Description: Oakland A's vs. Miami Marlins
   - Face Value of Each Ticket/Pass $25
   - Date(s): 05 / 24 / 17
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   - If no: Oakland Athletics
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

   **B. Name of Individual**
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - 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
   - Filipino Advocates for Justice 2
     - To reward a non profit for its contributions to the community

---

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

Gabriela Christy  Supervisor's Assistant

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $33
   Event Description Baseball game
   Date(s) 05 / 21 / 17
   Ticket(s)/Pass(es) provided by agency? Yes [x] 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>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>McCormick, Mike</td>
<td>2</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot;: describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot;: describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification

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

   Sarah Oddie
   Supervisor's Assistant
   Print Name
   Title
   05.31.2017
   (Month, Day, Year)

Comment:
Agency Name
Alameda County

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

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

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

Date of Original Filing:

2. Function or Event Information

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

Event Description
Warriors

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 $ 312.50

Date(s) 5, 4, 17

3. Recipients

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

A. Name of Agency, Department or Unit

B. Name of Individual

C. Name of Organization

Number of Tickets/Passes

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

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

Ceremonial Role Other

Income

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

4. Verification

I certify that the information set forth above is in accordance with the requirements.

Signature of Designated Agency Contact: Lee Ann Ferguson

Supervisor's Assistant: Scott Haggerty, D 1

Signature of Designated Agency Contact: Lee Ann Ferguson

Date: 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)
   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
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $312.50
   Date(s) 5-4-17
   Name of Source
   Alameda County Supervisor Scott Haggerty, D 1
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

3. Recipients
   Use Section A to identify the agency's department or unit.
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.
   A. Number of Agency Department or Unit
   Number of Tickets Distributed
   B. Name of Individual
   Name of Individual
   Number of Tickets Distributed
   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 Distributed
   To reward a school or non-profit organization for its contributions to the community

4. Verification
   8944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson
   Supervisor's Assistant
   Signature of Agency Head or Designee
   (Name, Title)
   Comment:
   5-12-17

FPPC Form 892 (4/12)
FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: WARRIORS BASKETBALL
Face Value of Each Ticket/Pass $312.50
Date(s) 5.16.17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
If yes: Alameda County Supervisor Scott Haggerty, D 1
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Tickets/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
<td></td>
</tr>
</tbody>
</table>

B. Use Section B to identify an individual.

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Tickets/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zach Promes</td>
<td>2</td>
</tr>
<tr>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</td>
<td></td>
</tr>
</tbody>
</table>

C. Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Number of Tickets/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reward a school or non-profit organization for its contributions to the community</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I, 16344.1 and 10949, have read the distribution set forth above, is in accordance with the requirements:

Signature of Agency Head or Designee
Lee Ann Ferguson
Supervisor's Assistant

Comment:

Date Stamp
5/16/17

Signature of Agency Head or Designee
Lee Ann Ferguson
Supervisor's Assistant

FPPC Form 502 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name: Alameda County
Division, Department, or Region (If Applicable):
Board of Supervisors
Designated Agency Contact (Name, Title):
Lee Ann Ferguson, Supervisor's Assistant
Area Code/Phone Number: (510) 272-6691
E-mail: leeann.fergerson@acgov.org

Date Stamp: 3/2/2022
For Official Use Only

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

Event Description:
Warriors Basketball

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

If no: [ ]

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

Face Value of Each Ticket/Pas $312.50

Alameda County Supervisor Scott Haggerty, D1
Official Name (Last, First)

4. Recipients

A. Name(s) of Recipient(s) (Incumbent(s), Candidate(s), Party Committee(s), PAC(s), Independent Expenditure Committee(s), or Other)

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

B. Name(s) of Recipient(s)

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

C. Name(s) of Recipient(s)

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

Verification:

Lee Ann Ferguson
Supervisor’s Assistant

Comment:

FPPC Form 603 (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  leaann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: Warriors
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 $ 3/2.50
Date(s) 5/2/17
Name of Sponsor: Alameda County Supervisor Scott Haggerty, D 1

3. Recipients
A. Name of Agency, Department or Unit | Number of Ticket(s) | Purpose for ticket distribution
---|---|---
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) | Purpose for ticket distribution
Joe Gordon | 2 | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales

C. Name of Recipient Organization | Number of Ticket(s) | Purpose for ticket distribution
To reward a school or non-profit organization for its contributions to the community

Signature of Agency Head or Designee: Lee Ann Fergerson
Print Name: Supervisor's Assistant
Title:

Comment:

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

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

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

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

### E-mail
leean.fergerson@acgov.org

### Function or Event Information

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

**Event Description:**

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Tickets/Passes provided by agency?</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warriors</td>
<td>Yes [ ] No [ ]</td>
<td>5-2-17</td>
</tr>
</tbody>
</table>

**Face Value of Each Ticket/Pass:** $312.50

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

<table>
<thead>
<tr>
<th>Name of Source</th>
<th>Home of Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Supervisor Scott Haggerty</td>
<td>D1</td>
</tr>
</tbody>
</table>

### Recipients

**A.**

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Number of Tickets/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Rabenau</td>
<td>2</td>
</tr>
</tbody>
</table>

**B.**

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Number of Tickets/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabenau</td>
<td>2</td>
</tr>
</tbody>
</table>

**Event Type:**

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

- 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

**Comment:**

5/2/17

Lee Ann Ferguson, Supervisor's Assistant

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@ac.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description E-40 Concert
   Face Value of Each Ticket/Pass $150.00
   Date(s) 5/20/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   Source of funds Alameda County Supervisor Scott Haggerty, D1
   If yes: (Official’s Name (Last, First))

3. Recipients
   A. Name Agency/Department/Unit
   Number of Recipients
   A. David Names
   Number of Event Guests
   4
   Event Description To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
   Ceremonial Role ☑ Other ☐ Honored ☐
   To reward a school or non-profit organization for its contributions to the community

4. Comment:

5. 16346.1 and 16346.2. I have verified that the distribution set forth above is in accordance with the requirements.
   Lee Ann Ferguson
   Supervisor’s Assistant
   5/18/17
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)
   Lee Ann Fergerson, Supervisor's Assistant

   Area Code/Phone Number
   (510) 272-6691

   E-mail
   leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? No
   Event Description
   A's Basebawl
   Date(s)
   9, 25, 17
   Ticket(s)/Pass(es) provided by agency? Yes
   Name of Source
   Oakland Athletics
   Alameda County Supervisor Scott Haggerty, D 1

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

   A. Name of Agency, Department or Unit
   Number(s) Involved

   B. Name of Individual
   Number(s) Involved

   C. Name of Outside Organization
   Number(s) Involved

4. Verification
   Lee Ann Fergerson  Supervisor's Assistant
   5/23/17

   Comment:
   The proceeds from the event will benefit local children's charities in the areas of nutrition, healthcare, and education.
Agency Name: Alameda County
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

1. Agency Name
Division, Department, or Region (if applicable)

2. Function or Event Information
Does the agency have a ticket policy?
Yes ☐ No ☐
Event Description: Baseball A's
Ticket(s)/Pass(es) provided by agency?
Yes ☐ No ☐
Was ticket distribution made at the behest of agency officials?
No ☐ Yes ☑
Face Value of Each Ticket/Pass $10.00
Date(s) 5/21/17
If no: Oakland Athletics
If yes: Alameda County Supervisor Scott Haggerty, D1

3. Recipients
A. Name, Agency, Department or Unit (please provide as much detail as possible to identify the agency's policy)
DSA
DSO
B. Name of Individual
C. Contact Information

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

1. Agency Name

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 $33.00
   Date(s): 5/20/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Home of Source: Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, D1

3. Recipients
   - Use Section A to identify the agency’s department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.
   - Use Section D to provide a brief explanation of the reason the ticket/passes are being provided.
   - In Section E, provide a brief explanation as to why the recipient is being awarded the ticket/passes.

   A.
   Name of Agency, Organization, or Unit: To reward a County employee for his or her exemplary service to the public or to encourage staff development
   Number of Items Provided: 2

   B.
   Name of Individual: Paul Krause
   Number of Items Provided: 2
   Briefly explain the following: To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
   Ceremonial Role ☐ Other ☐ Incentive ☐

   C.
   Name of Nonprofit Organization: To reward a school or non-profit organization for its contributions to the community
   Briefly explain the following: Certificate of this distribution has been made pursuant to the agency's policy

4. Verification
   Lee Ann Ferguson, Supervisor's Assistant
   Date: 5/18/17

Comment: [Signature]

FPPC Form 802 (4/12)
FPPC Toll-Free Hotline: 866ASK-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)
   Lee Ann Ferguson, Supervisor's Assistant
   Area Code/Phone Number (610) 272-6991
   E-mail leann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description A's Baseball
   Provide Title/Explaination
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Was ticket distribution made at the behest of agency officials? Yes ☐ No ☐
   Date(s) 5/19/17
   Face Value of Each Ticket/Pass $90.00
   From: Oakland Athletics
   From: Alameda County Supervisor Scott Haggerty, D 1
   Official 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
      Daisy Dougherty
   B. Number of Tickets/Passes
      41
   C. Description of Ceremonial Role
      To reward a County employee for his or her exemplary service to the public or to encourage staff development
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
      To reward a school or non-profit organization for its contributions to the community

4. Verification
   I have verified that the distribution set forth above is in accordance with the requirements.
   Lee Ann Ferguson
   Supervisor's Assistant
   5/19/17
   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 Fargerson, Supervisor's Assistant
Area Code/Phone Number Email
(610) 272-6891 leeann.fargerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Event Description: Baseball Game — [Provide Description]
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 $ 90.00
Date(s) 5.20.17
[Signature]
[Home of Source]
[Alameda County Supervisor Scott Haggerty, D 1]
[Signature]
[Alameda County Supervisor Scott Haggerty, D 1]

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

A. Name of Agency, Department or Unit
B. Name of Recipient
C. Name of Recipient

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

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

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

4. Verification
Lee Ann Fargerson, Supervisor's Assistant
[Signature]
[Date]

Comment:

144.1 and 10942. I have verified that the distribution set forth above is in accordance with the requirements.

Lee Ann Fargerson, Supervisor's Assistant
[Signature]
[Date]

FPPC Form 602 (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) 272-6591
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
Face Value of Each Ticket/Pass $10.00
Date(s) 7/3/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Oakland Athletics
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
If yes: 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.

<table>
<thead>
<tr>
<th>Name of Agency/Department/Unit</th>
<th>Number of Recipients</th>
<th>Remarks or Additional Information</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Recipients</th>
<th>Remarks or Additional Information</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Recipients</th>
<th>Remarks or Additional Information</th>
</tr>
</thead>
</table>

\[ Operating Engineers \]
\[ Local Union # 3 \]
\[ 4720 S. Loop Rd., \]
\[ Alameda CA 94502 \]

Type: 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
1.1 and 1992, I have verified that the distribution set forth above, is in accordance with the requirements.
Lee Ann Ferguson  Supervisor's Assistant

Comment:

FPPO Form 802 (4/12)
FPPO Toll-Free Hotline: 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)
Lee Ann Ferguson, Supervisor's Assistant

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

Date Stamp

2. Function or Event Information
Does the agency have a ticket policy?  Yes  No  [ ]
Event Description  [ ]  [ ]
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 $ 90
Date(s)  7/15/17

Oakland Athletics
Alameda County Supervisor Scott Haggerty, D 1

3. Recipients
A. Name of Agency, Department, or Unit  Number of Recipients
Number of Tickets/Dates

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

B. Name of Individual  Number of Tickets/Dates

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

C. Name of Recipient Organization  Number of Tickets/Dates

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

4. Verification
3344.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson  Supervisor's Assistant

Comment: [ ]

FFPC Form 002 (4/12)
FFPC Toll-Free Helpline: 855/ASK-FFPC (855/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 33.00
   Event Description Baseball
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Date(s) 5/17 6/22/17
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Name of Source Oakland Athletics
   Alameda County Supervisor Scott Haggerty, D1
   Official's Name (Last, First)

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

   A.
   Name of Agency, Department or Unit
   Number of Individuals
   Number of Tickets
   Description of purpose or event consistent w/ agency's policy

   B.
   Name of Individual
   Number of Tickets
   Description of purpose or event consistent w/ agency's policy
   Coramorital Role ☐ Other ☑ Income ☐
   Other description if checking "Other"

   C.
   Name of Outside Organization
   Number of Tickets
   Description of purpose or event consistent w/ agency's policy
   Coramorital Role ☐ Other ☐ Income ☐
   Other description if checking "Other"

4. Verification
   I, Lee Ann Fergerson, Supervisor's Assistant
   Have verified that the distribution set forth above, is in accordance with the requirements.
   5/8/17

Comment: 9th Annual Flying Pig Golf Tournament 5/19/17

FPCC Form 602 (4/12)
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/272-7772)
Agency Name: Alameda County
Division, Department, or Region (if applicable): Board of Supervisors
Designated Agency Contact (Name, Title): Lee Ann Ferguson, Supervisor's Assistant
Area Code/Phone Number: (510) 272-8691
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 $330
Event Description: Baseball
Date(s): 5 / 6 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Name of Source: Alameda County Supervisor Scott Haggerty, D 1
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

3. Recipients
A. Name of Agency, Department or Unit: Ramsey Ismail
Number of Tickets Provided: 2
Description of purpose or function: To reward a County employee for his or her exemplary service to the public or to encourage staff development

B. Name of Individual: Ramsey Ismail
Number of Tickets Received: 2
Identity of Person Receiving: Indicate above
Description of purpose or function: 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: Indicate Address and Organization
Number of Tickets: Indicate above
Description of purpose or function: To reward a school or non-profit organization for its contributions to the community

4. Verification
1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
Lee Ann Ferguson, Supervisor's Assistant
Signature
5 / 5 / 17
FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/277-6772)
## 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

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

33

**Date(s)**

5-8-17

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

Yes ☐ No ☐

**If no:**

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/Passes**

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

**B. Individual Name**

Brian Lester

**Number of Tickets/Passes**

2

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**

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

---

### 4. Verification

I and 10942, I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson

Supervisor's Assistant

5/5/17

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
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: Baseball
Face Value of Each Ticket/Pass: $83.00
Date(s): 4/3/17
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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ceremonial Roles (or Passes)</th>
<th>Description of 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>Name of Individual</th>
<th>Number of Ceremonial Roles (or Passes)</th>
<th>Description of public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

C:
Nonprofit/Charitable Organization
Name: Sunol Glen Community Club
Address: 1601 Main St., Sunol, CA 94586
Number of Ceremonial Roles (or Passes): 2
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. Verification
Lee Ann Fergerson | Supervisor's Assistant | 5/5/17
Title: Supervisor's Assistant

Comment: Fundraiser-Auction to raise much needed funds to support programs in 2018.
**Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - Lee Ann Ferguson, Supervisor's Assistant
   - Area Code/Phone Number (510) 272-6691
   - E-mail leean.fergerson@acgov.org
   - Date Stamp
   - Date of Original Filing: (Month, Day, Year)

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☐ No ☐
   - **Event Description**
     - Provide Title/Explaination A's Baseball
   - **Face Value of Each Ticket/Pass** $33.00
   - **Date(s)** 5-18-17
   - **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:**

3. **Recipients**
   - **Use Section 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 a public purpose in support of the agency's policy
   - To reward a County employee for his or her exemplary service to the public or to encourage staff development

   **B.**
   - Name of Individual
   - Number of Tickets/Passes
   - **To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales**
     - **Ceremonial Role** ☐ Other ☐ Income ☐
     - If checking "Ceremonial Role" or "Other" describe below:

   **C.**
   - Name of outside organization
   - Number of Tickets/Passes
   - Describe a public purpose in support of the agency's policy
   - To reward a school or non-profit organization for its contributions to the community

4. **Verification**
   - **I have verified that the distribution set forth above is in accordance with the requirements.**
   - Lee Ann Ferguson
   - Supervisor's Assistant
   - Date 5/3/17
   - Signature of Agency Head/Designee

**Comment:**

FPPC Form: 802 (4/12)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/275-3772)
**Agency Report of:**  
Ceremonial Role Events and Ticket/Pass Distributions

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

2. **Function or Event Information**  
- Does the agency have a ticket policy? Yes ☒ No ☐  
- Event Description: Chancellor Chenal Sullivan Alvarez  
- Face Value of Each Ticket/Pass $ 200  
- Date(s): 4-20-17 4-29-17  
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  
- Name of Source: Golden State Warriors  
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☒  
- If yes: 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 and role**  
- **Number of Ticket(s)/Pass(es)**  
- **Identify one of the following:** Ceremonial Role ☐ Other ☐
  - Income ☐
  - If checking "Ceremonial Role" or "Other" describe below:
  - Matejka, Ellis  
  - Rodriguez, Jocelyn  
  - 4 To promote attendance at an event held at a Country facility in order to maximize potential country revenue through parking and concession sales.

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

4. **Verification**  
Signature of Agency official or designee: Anna Gee  
Executive Assistant:  
Date (Month, Day, Year): 5/1/17

Comment: Rodriguez received 4/24 tip.

---

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑️ No ☐
   - Event Description: Basketball Game
   - Face Value of Each Ticket/Pass: $344.80
   - Date(s): 4/2/17, 4/4/17
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑️
   - If no: Golden State Warriors
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ☑️
   - If yes: 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**
     - Name: Steen, Vanessa
     - Number of Ticket(s)/Pass(es): 4
     - Ceremonial Role: ☐ Other ☑️
     - Income: ☐

     - Name: Rodriguez, Rosa
     - Number of Ticket(s)/Pass(es): 4
     - 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, Anna Gee, Executive Assistant, have verified that the distribution set forth above, is in accordance with the requirements.

[Signature]

**Anna Gee**

**Executive Assistant**

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

---

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Basketball Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $ 204.80
Date(s) 1/1/19
If no: Golden State Warriors
Name of Source
If yes: Miley, Nate
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit
Description of the public purpose made pursuant to the agency’s policy
PDI District # Staff
Health Care Services Agency
To reward a county employee for their exemplary service to the public.

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) Description of the public purpose made pursuant to the agency’s policy
(Include address and description)

4. Verification
I, Signature of Agency Head or Designee Anna Gee Executive Assistant
have verified that the distribution set forth above, is in accordance with the requirements.
Title
5/1/17 (Month, Day, Year)

Comment: Instructor received 4/10 tips

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

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

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $304.80 / 312.80
   Event Description Basketball Game
   Provide Title/Explanation
   Date(s) 4, 12, 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: 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
      Alameda Health Systems
      Number of Ticket(s)/Pass(es) 2
      Describe the public purpose made pursuant to the agency’s policy
      To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.
   B. Name of Individual
      Standing, Becca
      Number of Ticket(s)/Pass(es) 4
      Ceremonial Role ☑ Other ☐
      If checking “Ceremonial Role” or “Other” describe below
      Income ☐
      To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.
      Income ☐
      Standing, Becca
      Number of Ticket(s)/Pass(es) 2
      Ceremonial Role ☑ Other ☐
      If checking “Ceremonial Role” or “Other” describe below
      Income ☐
      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)
      Name of 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.
   Anna Gee Executive Assistant
   Signature of Agency Head or Designee Print Name
   Title (Month, Day, Year)
   Comment: Standing received 4/12 trip
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No ☐
   Face Value of Each Ticket/Pass $ 312.50
   Event Description Basketball Game
   Date(s) 4/19/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Miley, Nate
   Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</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>Andrews, Jean</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

4. Verification
   I, Anna Gee, Executive Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Anna Gee
   Print Name: Anna Gee
   Title: Executive Assistant
   Date (Month, Day, Year): 5/11/17

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number 510-891-5585
   E-mail anna.gee@acgov.org
   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 $ 23
   Event Description Baseball Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Date(s) 4/22/17
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes □ No □
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.

   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 Delegate
   Anna Gee
   Executive Assistant
   [Signature]
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Baseball Game
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Face Value of Each Ticket/Pass: $80
   Date(s): 4/1/17 4/3/17
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If no: Oakland Athletics
   Name of Source: Miley, Nate
   Official's Name (Last, First):

3. Recipients
   A. Name of Agency, Department or Unit: District 4 Staff
      Number of Ticket(s)/Pass(es): 4
      Describe the public purpose made pursuant to the agency's policy:
      To reward an employee for exemplary service to the public
   B. Name of Individual: Miley, Nate
      Number of Ticket(s)/Pass(es): 4
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If choosing "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.
   Signature of Agency Head or Designee: Anna Gee
   Executive Assistant:
   Print Name
   Title
   Date: 4/1/17
   Comment: Parking Pass

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: Baseball game
   Face Value of Each Ticket/Pass $33
   Date(s): 4/4/17, 4/5/17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If yes, Name of Source: Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes, Name of Official: Miley, Nate

3. Recipients
   Use Section A to identify the agency's department or unit.
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      
   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Coronial Role ☐ Other ☑ Income ☐
      To promote attendance at an event held at a local facility in order maximize potential revenue from parking and concession sales.
      
   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      
4. Verification
   I have verified that the distribution set forth above is in accordance with the requirements.
   Anna Gee
   Executive Assistant
   5/1/17
   Comment: Lankford received 4/5 time.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Baseball Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $23
   Date(s) 4/10/17, 4/14/17
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If no: Oakland Athletics
   Name of Source
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

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

   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 Services of Oakland
      "Alameda County, 700 Gateway Park Dr, 101 25th St, Oakland, CA 94622 - SENIOR ADVANCE"
      "To provide services to vulnerable populations like foster care children or seniors"

4. Verification
   ☐ Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name
   Anna Gee
   Executive Assistant
   Title
   Date (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)
   - Anna Gee
   
2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]
   - Event Description: **Baseball Game**
   - Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   - Face Value of Each Ticket/Pass $38
   - Date(s): 4/15/17, 4/16/17
   - If no: Oakland Athletics
   - Name of Source
   - If yes: Miley, Nate
   - Official's Name (Last, First)

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

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

   **B. Name of Individual**
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role [ ]
     - Other [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**
   - Anna Gee, Executive Assistant
   - Signature of Agency Head or Designee
   - Printed Name
   - Title
   - Date (Month, Day, Year)

   Comment: Chamber received 4/15/17.
### 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>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
| Castro Valley Chamber 2160 Castro Valley Blvd #224 (Castro Valley 94546) | 2 | To reward a non profit organization for their contributions to the community  
| Promotions of Merchants and Economic Development                  |                             |                                                            |
Agencies Report of:
Ceremonial Role Event(s) and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Department, Division, 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: $33
   Event Description: Baseball Game
   Date(s): 4/17, 17 4/18, 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: 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
   Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

   Name of Individual
   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 promote political revenue from parking and concession sales.

   Name of Outside Organization (include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   To promote health and wellness to vulnerable populations such as foster care children and seniors.

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee Executive Assistant
   Signature of Designee or Designee
   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: 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 $80
Date(s) 4/19/17 4/21/17
If no: Oakland Athletics
Name of Source
If yes: Miley, Nate
Official's Name (Last, First)

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

B. Name of Individual
TCP ID
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
United Seniors of Oakland & Alameda County - 7200
Senior citizens are not Oakland Athletics fans - Service Advocacy

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

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Date(s) 04/16/17
   Face Value of Each Ticket/Pass $304.80 ticket/$40 park
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

   B. Name of Individual
      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
   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)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)
Sarah Oddie

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

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

Face Value of Each Ticket/Pass $ 304.80 ticket
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 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:

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 (include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
Asian Health Services, 818 Webster St, Oakland, CA 94607 2
To reward a school or nonprofit organization for its contributions to the community
Provide affordable healthcare to low-income immigrants

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

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
   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 ☐
   Event Description: Basketball Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass: $304.80 ticket/$40 parking
   Date(s): 05/02/17
   If yes: Chan, Wilma
   Official's Name (Last, First)
   Name of Source: Golden State Warriors

3. Recipients
   Use Section 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>Rupp, Candy</td>
<td>2p</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></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>2p</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee: Sarah Oddie
   Supervisor's Assistant: 05.31.2017
   (Month, Day, Year)
   FFPC Toll-Free Helpline: 866/ASK-FFPC (866/275-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
Alameda County  
Division, Department, or Region (If Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
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 $304.80 ticket  
Event Description: Basketball Game  
Date(s): 05/02/17  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☒  
If no: Golden State Warriors  
Name of Source: Chan, Wilma  
Was ticket distribution made at the behest of agency official?  
No ☐ Yes ☒  
If yes: Chan, Wilma  
Official’s Name (Last, First): Chan, Wilma

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

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

| 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 |
|--------------------------------------|-----------------------------|---------------------------------------------------------------|
| Lad, Emily                           | 2                           | Ceremonial Role ☐ Other ☐ Income ☐  
If checking “Ceremonial Role” or “Other” describe below: |

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

4. Verification  
I, Sarah Oddie,certify and declare under the Penal Code Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie  
Print Name:  
Supervisor’s Assistant  
Title:  
05.31.2017  
(Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: Basketball Game
Face Value of Each Ticket/Pass $304.80 ticket
Date(s) 05 / 04 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official’s Name (Last, First)

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

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

<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>Brekke-Miesner, Lukas</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td>C. Name of Outside Organization (include address and description)</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency’s policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand Government Code Sections 19941 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
Sarah Oddie          Supervisor’s Assistant           05.31.2017
Print Name           Title
(Month, Day, Year)
## Agency Report of:
### Ceremonial Role Events and Ticket/Pass Distributions

#### 1. Agency Name

Aameda County

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

Board of Supervisors

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

Sarah Oddie

**Area Code/Phone Number**

(510) 272-6693

**E-mail**

sarah.oddie@acgov.org

---

#### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☑  No ☐
- **Event Description** Basketball Game

**Provide Title/Explanation**

- **Face Value of Each Ticket/Pass** $304.80 ticket/$40 park
- **Date(s)** 05 / 04 / 17

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

**If no:**

**Golden State Warriors**

**Name of Source**

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

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

---

#### 3. Recipients

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

<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>Ceremonial Role ☐  Other ☐  Income ☐</th>
</tr>
</thead>
</table>

**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:**

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

---

#### 4. Verification

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

Sarah Oddie ☑

**Print Name**

Supervisor's Assistant ☑

**Title**

05.31.2017 (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

2. **Function or Event Information**
   - **Event Description**: Basketball Game
   - **Face Value of Each Ticket/Pass**: $304.80 ticket
   - **Date(s)**: 05/14/17

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
</tbody>
</table>

4. **Verification**
   - **Signature of Agency Head or Designee**: Sarah Oddie
   - **Supervisor's Assistant**: 05.31.2017

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑  No ☐
   Event Description  Basketball Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☑
   If no:  Golden State Warriors
   Name of Source
   If yes:  Chan, Wilma
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $ 304.80 ticket/$40 park
   Date(s) 05 / 16 / 17

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

A. Name of Agency, Department or Unit

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

B. Name of Individual (Last, First)

<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>Federico, Anthony</td>
<td>2</td>
<td>Ceremonial Role ☐  Other ☐  Income ☐</td>
</tr>
<tr>
<td></td>
<td>2</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>
</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>Nonprofit Housing Assn. of N. CA, 369 Pine Street, Suite 350, SF CA 94104</td>
<td>2+p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Nonprofit working to build &amp; advocate for affordable housing</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.

Sarah Oddie  Supervisor’s Assistant
Print Name  Title
05.31.2017
(Month, Day, Year)

Comment: 

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Basketball Game
Provide Title/Explaination
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $304.80 ticket/$40 park
Date(s) 05 / 14 / 17
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
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 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...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 verified that the distribution set forth above, is in accordance with the requirements.
Sarah Oddie Supervisor's Assistant 05.31.2017
Print Name Title (Month, Day, Year)

Comment: