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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela CHRISTY
   Area Code/Phone Number  (510) 272-6692
   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. Cleveland Cavs
   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) 06/01/17 06/04/17
   If no: GOLDENSTATE WARRIORS
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual
      Number of Ticket(s)/ Pass(es)
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To obtain oversight of Facilities or events that have received County funding or support
      To obtain oversight of Facilities or events that have received County funding or support
      Valle, Richard
      Valle, Richard

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

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Gabriela Christy Supervisor's Assistant
   Print Name ☐ Other ☐ Income ☐
   (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) 272-6692 Gabriela.Christy@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 GS Warriors vs. Cleveland Cavs
Provision Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 06/12/17
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard - Supervisor District 2
Official's Name (Last, First)

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

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

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
Identify one of the following:
Valle, Richard 2/1
Ceremonial Role ☐ Other ☒ Income ☐
To receive oversight of Facilities or events that have received County funding or support
If checking "Ceremonial Role" or "Other" describe below:
Aro, Mark 2
Ceremonial Role ☐ Other ☒ Income ☐
To reward a community volunteer for his service to the public
If checking "Ceremonial Role" or "Other" describe below:

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

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

Signature of Agency Head or Designee
Gabriela Christy
Print Name
Supervisor’s Assistant

Date (Month, Day, Year)
6/30/2019

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) 272-6692

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

#### 2. Function or Event Information

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

**Event Description**
Watch Party

**Face Value of Each Ticket/Pass** $25

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

**Event Date(s)** 06/07/17

**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

- **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)**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramos, Xochitl</td>
<td>2</td>
</tr>
</tbody>
</table>

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

| Ramos, Soledad               | 2                               |

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

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

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

#### 4. Verification

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

**Signature of Agency Head or Designee**
Gabriela Christy

**Print Name**
Gabriela Christy

**Supervisor's Assistant**

date: 06/30/17

**Title**

**Note:**
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 Carrity

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

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 $ 25

Event Description Watch Party

Provide Title/Explanation

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

If no: Golden State Warriors

Name of Source

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

If yes: Valle, Richard- Supervisor District 2

Official’s Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit

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

B. Name of Individual (Last, First)

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

B. Name of Individual (Last, First)

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

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

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

4. Verification

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

Signature of Agency Head or Designee

Gabriela Christy

Print Name

Supervisor’s Assistant

Title

Date of Verification: 10/30/17

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

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

3. **Designated Agency Contact (Name, Title)**
   - Gabriela Christy

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

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

6. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Face Value of Each Ticket/Pass** $200
   - **Event Description** Dia Nacional De La Banda
   - **Date(s)** 06 / 03 / 17
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **If no:** Golden State Warriors
   - **Name of Source**
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
   - **Name of Source** Valle, Richard- Supervisor District 2
   - **Official's Name (Last, First)**

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

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

9. **B. Name of Individual**
   - (Last, First)
   - Number of Ticket(s)/Pass(es)
   - Ceremonial Role ☐ Other ☑ Income ☐
   - **Leal, Luz**
   - 2
   - To reward a community volunteer for her service to the public.

10. **B. Name of Individual**
    - (Last, First)
    - Number of Ticket(s)/Pass(es)
    - Ceremonial Role ☐ Other ☑ Income ☐
    - **Borboca, Alicia**
    - 2
    - To reward a community volunteer for her service to the public.

11. **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

12. **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.

13. **Signature of Agency Head or Designee**
    - Gabriela Christy
    - Print Name
    - Supervisor’s Assistant
    - Title
    - Date 06/30/17

14. **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) 272-6692 Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy?  Yes □ No ☑
Face Value of Each Ticket/Pass $ 350
Event Description Roger Waters
Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
Date(s) 06 / 10 / 17
Was ticket distribution made at the behest of agency official? No □ Yes ☑
If no: Golden State Warriors
If yes: Valle, Richard- Supervisor District 2
Name of Source
Offical'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 (Law Name) Number of Ticket(s)/Pass(es) Identify one of the following:

Ceremonial Role ☐ Other ☑ Income ☐
To reward a community volunteer for his service to the public.

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:
Insions 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 Supervisor's Assistant
Print Name Title

Date Stamp
California Form 802
For Official Use Only

Date of Original Filing: — (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) 272-6692
- **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
- **Event Description**: Poison
- **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:** Vallejo, Richard- Supervisor District 2
  - **Official's Name (Last, First)**: 

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carmen, Susan</td>
<td>2</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.

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

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

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

  - **Signature of Agency Head or Designee**: 
  - **Print Name**: Gabriela Christy
  - **Supervisor’s Assistant**: 
  - **Title**: 
  - **Date**: 04/30/19 (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
- (510) 272-6692

### 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 ☐
- **Face Value of Each Ticket/Pass $**
  - 25
- **Event Description**
  - Javie Mcgee
- **Date(s)**
  - 06/24/17
- **Ticket(s)/Pass(es) provided by agency?**
  - Yes ☐ No ☒
- **If no:**
  - Oakland A’s
- **Name of Source**
- **Was ticket distribution made at the behest of agency official?**
  - No ☐ Yes ☒
- **If yes:**
  - Valle, Richard - Supervisor District 2
  - 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**
  - Cisneros, Arty
  - Number of Ticket(s)/Pass(es)
  - 3
  - Ceremonial Role ☐ Other ☒
  - Income ☐
  - If checking “Ceremonial Role” or “Other” describe below:
  - To reward a community volunteer for his service to the public.

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

### 4. Verification

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

- **Signature of Agency Head or Designee**
- **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

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

3. **Designated Agency Contact (Name, Title)**
   - Gabriela Christy

4. **Area Code/Phone Number (510) 272-6692**
   - E-mail Gabriela.christy@acgov.org

5. **Face Value of Each Ticket/Pass**
   - $25

6. **Event Description**
   - Oakland A’s vs. Washington Nationals

7. **Date(s)**
   - 06 / 02 / 17

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

9. **Warsaw**
   - Name of Source

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

11. **Official's Name (Last, First)**
    - Valle, Richard- Supervisor District 2

### 3. Recipients

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

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

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

#### B. Name of Individual

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

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruby's Place 1180 B Street</td>
<td>2</td>
<td>To reward a nonprofit organization for its contribution to the community</td>
</tr>
<tr>
<td>non-profit in Hayward that provides shelter and supportive services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**

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

   Signature of Agency Head or Designee: Gabriela Christy
   Print Name: Supervisor's Assistant: Chris Christy

   (Month, Day, Year: 08/25/19)

### 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) 272-6692
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. Toronto Blue Jays
Date(s): 06/05/17, 06/06/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland A's
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Valle, Richard - Supervisor District 2
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>Ruby's Place 1180 B Street</td>
<td>4</td>
<td>To reward a nonprofit organization for its contribution to the community</td>
</tr>
<tr>
<td>non-profit in Hayward that provides shelter and supportive services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Gabriela Christy
Print Name:
Supervisor's Assistant:
Title:
Date of Original Filing: (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**
(510) 272-6692

**E-mail**
Gabriela.christy@acgov.org

**Date Stamp**

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description**
  - Oakland A's vs. Washington Nationals
  - **Provide Title/Explanation**
- **Ticket(s)/Pass(es) provided by agency?**
  - Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?**
  - No [ ] Yes [x]

- **Face Value of Each Ticket/Pass** $25

- **Date(s)**
  - 06 / 03 / 17

- **If no:**
  - **Name of Source**

- **If yes:**
  - **Name of Source**
  - **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

<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 (last, first)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arenas, Rosemarie</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [x] Income [ ]</td>
</tr>
</tbody>
</table>

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

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

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

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

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

**4. Verification**

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

**Signature of Agency Head or Designee**

Gabriela Christy

**Print Name**

**Supervisor’s Assistant**

**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 E-mail  
(510) 272-6692 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. Washington Nationals  
Date(s) 06 / 04 / 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: 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

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

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

Huang, Meihon  
2  
Ceremonial Role ☐ Other ☐  
Income ☐  
If checking "Ceremonial Role" or "Other" describe below:

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

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

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

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

Signature of Agency Head or Designee  
Gabriela Christy  
Print Name  
Supervisor's Assistant  
Title  
Date of Filing: 06/30/17  
(Month, Day, Year)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Gabriela Christy

Area Code/Phone Number E-mail
(510) 272-6692 Gabriela.christy@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 $ 25

Event Description Oakland A's vs. Toronto Blue Jays
Provide Title/Explanation

Date(s) 06 / 07 / 17

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

If no: Oakland A's
Name of Source

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

If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eden Youth and Family Center 700 Tennyson Rd. Hayward</td>
<td>2</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>address the area's disproportionate lack of services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Gabriela Christy
Supervisor's Assistant

Print Name

Date (Month, Day, Year)
6/6/2017

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)
   Gabriela Christy

   Area Code/Phone Number   E-mail
   (510) 272-6692            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. NY Yankees
                      Provide Title/Explanation
   Date(s)   06 / 18 / 17
   Ticket(s)/Pass(es) provided by agency?   Yes ☑ No ☐

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

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      (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
      Eden Youth and Family Center
      800 Tennyson Road Hayward
      To reward a nonprofit organization for its contributions to the community
      address the area's disproportionate lack of services

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

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

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

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description** Oakland A's vs. Houston Astros
- **Date(s)**
  - 06 / 19 / 17
  - 06 / 20 / 17
- **Face Value of Each Ticket/Pass** $25

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

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

#### C. Name of Outside Organization (include address and description)
- **Name of Outside Organization** Eden Youth and Family Center
- **Number of Ticket(s)/Pass(es)** 4
- **Describe the public purpose made pursuant to the agency's policy** To reward a nonprofit organization for its contributions to the community

#### 4. Verification
- **Signature of Agency Head or Designee** Gabriela Christy
- **Supervisor's Assistant**
- **Date** 06/30/17

---

Comment: 

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FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Gabriela Christy

Area Code/Phone Number E-mail
(510) 272-6692 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. NY Yankees

Date(s) 06/15/17

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: 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 (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yukumoto, Clayton</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee
Gabriela Christy
Print Name
Supervisor’s Assistant
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) 272-6692

**E-mail**
Gabriela.christy@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**
Oakland A's vs. NY Yankees

**Provide Title/Explanation**

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

**If no: Oakland A's**

**Name of Source**

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

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

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

**Face Value of Each Ticket/Pass $**
25

**Date(s) **
06 / 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>
</table>

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

<table>
<thead>
<tr>
<th>Name of Individual (Last Name)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reynoso, Eric</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></td>
<td>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>

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

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

### 4. Verification

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

**Signature of Agency Head or Designee**

**Print Name**

**Supervisor’s Assistant**

**Title**

**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) 272-6692

**E-mail**
Gabriela.christy@acgov.org

### 2. Function or Event Information

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

**Face Value of Each Ticket/Pass**
$100

**Event Description**
Oakland A's vs. NY Yankees

**Provide Title/Explanation**

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

**If no:**
Oakland A's

**Name of Source**
Valle, Richard- Supervisor District 2

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

### 3. Recipients

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

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

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

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

<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>

- **Flotte, Bianca**
  - 2
  - To reward a community volunteer for her service to the public.

- **Nguyen, Long**
  - 2
  - To reward a community volunteer for his service to the public.

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

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

### 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**

**Title**

**Date of Original Filing** (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) 272-6692

   **E-mail**
   Gabriela.christy@acgov.org

   **Date Stamp**
   California Form 802

   **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 $**
   25

   **Event Description**
   Oakland A's vs. NY Yankees

   **Provide Title/Explanation**

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

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

   **If no: Oakland A's**

   **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:**

   **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, _______, under penalty of perjury, declare and certify, under penalty of perjury, 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**
   Supervisor's Assistant

   **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) 272-6692

**E-mail** Gabriela.christy@acgov.org

## 2. Function or Event Information

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

**Face Value of Each Ticket/Pass $** 25

**Event Description** Oakland A's vs. Houston Astros

**Provide Title/Explanation**

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

**Date(s)** 06/21/17

**If no:**

**Name of Source**

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

**If yes:**

**Name of Source** Valle, Richard- Supervisor District 2

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

## 3. Recipients

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

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

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

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

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

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

**Identify one of the following:**

- Ceremonial Role [ ]
- Other [x]
- Income [ ]

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

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

**Ceremonial Role** [ ]

**Other** [x]

**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, Gabriela Christy, have verified that the distribution set forth above, is in accordance with the requirements.

*Signature*

**Supervisor's Assistant**

**Print Name**

**Title**

(Month, Day, Year)

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)**
Gabriela Christy

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

**E-mail**
Gabriela.christy@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**
Oakland A's vs. Houston Astros

**Face Value of Each Ticket/Pass $**
25

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

**Date(s)**
06 / 22 / 17

**If no: Oakland A's**

**Name of Source**

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

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

### 3. Recipients

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

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

<table>
<thead>
<tr>
<th>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 (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☒ Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Banks, Karen</td>
<td>2</td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

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

### 4. Verification

I, [Signature of Agency Head or Designee], have verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy
Supervisor's Assistant

Date: 08/20/17
(Month, Day, Year)

Comment: 

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Oakland A's vs. Atlanta Braves
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **Face Value of Each Ticket/Pass $**: 25
- **Date(s) 06/30/17**
- **Name of Source:** Oakland A's
- **Name of Source:** Valle, Richard - Supervisor District 2
- **Official's Name (Last, First):**

### Recipients

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

- **B. Name of Individual (Last, First)**
  - **Number of Ticket(s)/Pass(es)**
  - **Identify one of the following:**
    - **Ceremonial Role**[ ] **Other** [x]
    - **Income**[ ]
    - **Ceremonial Role**[ ] **Other** [x]
    - **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 Creek Alliance P.O. Box 2626, Niles, CA**
    - **Community watershed group to protect and restore natural ecosystems**
    - **Number of Ticket(s)/Pass(es):** 2
    - **To reward a nonprofit organization for its contribution to the community.**

### Verification

I, [Signature], undersigned FPPC Registration No. 189443, and [Signature], undersigned FPPC Registration No. 189442, I have verified that the distribution set forth above, is in accordance with the requirements.

**Date:** 08/30/17

**Print Name:** Gabriela Christy
**Title:** Supervisor's Assistant
## Agency Report of:
### Ceremonial Role Events and Ticket/Pass Distributions

#### 1. Agency Name
Alameda County
Board of Supervisors
Gabriela Christy
(510) 272-6692
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. Washington Nationals
- **Date(s)** 06/02/17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **Name of Source**
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
- **Name of Source**

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

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

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

<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>Hayward Education Foundation</td>
<td>18/3</td>
<td>To reward a nonprofit organization for its contribution to the community.</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>Hayward Education Foundation</td>
<td>18/3</td>
<td>To reward a nonprofit organization for its contribution to the community.</td>
</tr>
</tbody>
</table>

#### 4. Verification

I, [Signature of Agency Head or Designee], Gabriela Christy, [Print Name], [Title], have verified that the distribution set forth above, is in accordance with the requirements.

[Signature] [Print Name] [Title]

Comment: [Signature] [Print Name] [Title]
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) 272-6692
   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 $15
   Event Description 2017 Alameda County Fair 2 for 1 tx
   Date(s) 06/16/17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Name of Source
   If no: __________________________________________
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

   B. Name of Individual
      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
      Union City Apostolic Church
      33700 Alvarado Niles Road
      30
      To reward a nonprofit organization for its contribution to the community.
      To connect all people in the bay area by offering a life changing experience

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name
   Supervisor's Assistant
   Title
   (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) 272-6692  Gabriela.christy@acgov.org

Date Stamp
California Form 802
For Official Use Only

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

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

Face Value of Each Ticket/Pass $ __________

Event Description  2017 Alameda County Fair 2 for 1 tick
Provide Title/Explanation

Date(s)  __________/__________

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

If no: ___________________________________________

Name of Source

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

If yes:  Valoe, Richard- Supervisor District 2

Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit

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

B. Name of Individual

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

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

C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centro De Servicios  525 H St, Union City</td>
<td>40</td>
<td>To reward a nonprofit organization for its contribution to the</td>
</tr>
<tr>
<td>dedicated to assisting the residents of the Tri-City Area in securing services</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.

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
   Board of Supervisors
   Gabriela Christy
   (510) 272-6692
   Gabriela.christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description 2017 Alameda County Fair 2 for 1 tix
   Face Value of Each Ticket/Pass $15
   Date(s) 06/16/17
   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: 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:
      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 Community Services Center
      37365 Ash St, Newark, CA
      40
      To reward a nonprofit organization for its contribution to the community.
      nonprofit organized to promote, support and advocate social and human service

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy
   Supervisor’s Assistant
   Signature of Agency Head or Designee
   Print Name
   Title (Month, Day, Year)

Comment: __________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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) 272-6692

   **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 $** 15
   - **Event Description** 2017 Alameda County Fair 2 for 1 tic
   - **Date(s)** 06/16/17
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   - **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, 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**

   **Afghan Coalition**
   39155 Liberty St, Fremont, CA
   35
to reward a nonprofit organization for its contribution to the community.

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

   **Signature of Agency Head or Designee**
   **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
   Board of Supervisors
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description 2017 Alameda County Fair 2 for 1 tix
   Face Value of Each Ticket/Pass $ 15
   Date(s) 06/16/17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: __________________________
   Name of Source ________________________
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      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
      Matt Jimenez Community Center
      28200 Ruus Rd,
      25
      To reward a nonprofit organization for its contribution to the community.
      enrich the quality of life for our community by providing a variety of activi

4. Verification
   944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: __________________________
   Print Name: Gabriela Christy
   Supervisor’s Assistant: __________________________
   Title: __________________________
   Date (Month, Day, Year): 06/30/17

Comment: __________________________

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

1. **Agency Name**
   Alameda County

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

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

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

   **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 ☐

   **Face Value of Each Ticket/Pass $**
   15

   **Event Description**
   2017 Alameda County Fair 2 for 1 tix

   **Date(s)**
   06 / 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:**
   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:

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

   **C. Name of Outside Organization**
   **(Include address and description)**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**
   South Hayward Parish
   27287 Patrick Ave,
   To reward a nonprofit organization for its contribution to the community.

4. **Verification**
   Ons 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
   Supervisor’s Assistant
   Print Name
   Title

   **Date Stamp**
   California 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) 272-6692

**E-mail**
- Gabriela.christy@acgov.org

**Date Stamp**

**2. Function or Event Information**

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

- **Event Description**
  - 2017 Alameda County Fair 2 for 1 ticket

- **Face Value of Each Ticket/Pass** $15

- **Date(s)** 06 / 16 / 17

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

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

- **If no:**
  - **Name of Source**

- **If yes:**
  - **Valle, Richard- Supervisor District 2**
  - **Official’s Name (Last, First)**

**3. Recipients**

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>FESCO 21455 Birch St #5</td>
<td>30</td>
<td>To reward a nonprofit organization for its contribution to the community.</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) Supervisors Assistant (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

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Gabriela Christy

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

   Date Stamp

   California Form 802

   □ 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 2017 Alameda County Fair 2 for 1 ix
   Provide Title/Explanation

   Face Value of Each Ticket/Pass $15

   Date(s) 06/16/17

   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: ___________________________
   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
      Ruby’s Place
      1180 B St
      non-profit agency in Hayward that has provided shelter and supportive services
      20
      To reward a nonprofit organization for its contribution to the community.

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

   Signature of Agency Head or Designee
   Gabriela Christy
   Supervisor’s Assistant
   (Month, Day, Year)

   Comment: ____________

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

**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) 272-6692

**E-mail** Gabriela.christy@acgov.org

**Face Value of Each Ticket/Pass $** 15

**Date(s)** 06 / 16 / 17

**Event Description** 2017 Alameda County Fair 2 for 1 tix

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

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

**Name of Source** Valle, Richard- Supervisor District 2

**Official’s Name (Last, First)**

---

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Provide Title/Explanation**
- **Event Description** 2017 Alameda County Fair 2 for 1 tix
- **Date(s)** 06 / 16 / 17
- **If no:**
- **Name of Source** Valle, Richard- Supervisor District 2
- **Official’s Name (Last, First)**

---

### 3. Recipients

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

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

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

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

<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>Kidango- Hayward</td>
<td>20</td>
<td>To reward a nonprofit organization for its contribution to the community.</td>
</tr>
<tr>
<td>680 Tennyson Rd, Hayward,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Care center, Infant center</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.

**Gabriela Christy**
Print Name

**Supervisor’s Assistant**
Title

**Date (Month, Day, Year)** 01/30/17

**Comment:**

---

*FPPC Form 802 (4/12)*

*FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)*
### 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) 272-6692  

**E-mail**  
Gabriela.christy@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)

---

### Function or Event Information

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

**Face Value of Each Ticket/Pass $** 15  

**Event Description**  
2017 Alameda County Fair 2 for 1 tix  

**Provide Title/Explanation**

**Date(s) 06 / 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?**

**If yes:** Valle, Richard- Supervisor District 2  
Official’s Name (Last, First)

---

### Recipients

* Use Section 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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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:**

| No Ceremonial Role ☐ | Income ☐ | Ceremonial Role ☐ |

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

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
| Union City Kids Zone  
725 Whipple Rd, Union City,                                   | 30                          | To reward a nonprofit organization for its contribution to the community. |
| promotes “cradle to career” success                            |                             |                                                              |

---

**Comment:**

---

**V**  

**Signature of Agency Head or Designee**  

**Print Name** Gabriela Christy  

**Title** Supervisor’s Assistant  

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

---

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description 2017 Alameda County Fair 2 for 1 tick
   Date(s) 06 / 16 / 17
   Face Value of Each Ticket/Pass $ 15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Vallo, Richard- Supervisor District 2 Official’s Name (Last, First)

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

<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>Solid Rock Church 5970 Thornton Ave</td>
<td>30</td>
<td>To reward a nonprofit organization for its contribution to the community.</td>
</tr>
<tr>
<td>Church located in Newark which helps and serves its community</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Regulations 18944.1 and 18942. 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)**
   - Gabriela Christy

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

   **E-mail**
   - Gabriela.christy@acgov.org

   **Date Stamp**

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Face Value of Each Ticket/Pass** $ 15
   - **Event Description** 2017 Alameda County Fair 2 for 1 tick
   - **Date(s)** 06 / 16 / 17
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑

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

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

   **B. Name of Individual (Last Name)**

   **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**
   - **Drivers for Survivors**
   - **39270 Paseo Padre Pkwy, #355**
   - **To reward a nonprofit organization for its contribution to the community.
   - **provides free transportation service and supportive companionship for ambulatory**

4. **Verification**
   - **I hereby FPPC Regulations 18944.1 and 18942. 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)
Gabriela Christy

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

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

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: (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 2017 Alameda County Fair

Provide Title/Explanation

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

Date(s) 06 / 16 / 17 / / /

If no: _______________________________________

Name of Source

If yes: Valle, Richard- Supervisor District 2

Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit

Number of Ticket(s)/ Pass(es)

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

B. Name of Individual (Last, First)

Number of Ticket(s)/ Pass(es)

Identify one of the following:

Ceremonial Role ☐ Other ☑ Income ☐

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

East Bay Community Recovery Project
22973 Sutro St, Hayward, CA 94541

35

To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.
supports self-sufficiency and wellness of individuals and families

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

Gabriela Christy

Supervisor’s Assistant

Print Name (Month, Day, Year)

Comment:

18944.1 and 18942.1
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) 272-6692 Gabriela.christy@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 $ 15/10
Event Description 2017 Alameda County Fair
Provide Title/Explanation
Date(s) 06 / 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: 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>
</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>Gutierrez, Maricela</td>
<td>5</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td>Schmidt, Alia</td>
<td>5</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
</tbody>
</table>

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

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

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

Comment: ____________________________________________
### 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) 272-6692

**E-mail**
Gabriela.christy@acgov.org

**Date Stamp**
California Form 802

**For Official Use Only**

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description**
  - 2017 Alameda County Fair
- **Face Value of Each Ticket/Pass $**
  - 15/10
- **Date(s)**
  - 06 / 16 / 17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☒ No ☐
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
- **Name of Source**
  - If no: ____________
  - If yes: Valle, Richard- Supervisor District 2

**Official’s Name (Last, First)**

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frausto, Dina</td>
<td>5/1</td>
<td>Ceremonial Role ☒ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td>Jensen, Carrie</td>
<td>4/4</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>

#### C. Name of Outside Organization

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

### 4.

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

- **Signature or Agency head or Designee:**
  - Gabriela Christy
- **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
    Board of Supervisors
    Gabriela Christy
    (510) 272-6692
    Gabriela.christy@acgov.org

2. Function or Event Information
    Does the agency have a ticket policy? Yes ☒ No ☐
    Event Description: 2017 Alameda County Fair
    Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
    Face Value of Each Ticket/Pass $ 15/10
    Date(s) 06/16/17
    If yes: Valle, Richard- Supervisor District 2
          Official's Name (Last, First)
    If no: 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
       Number of Ticket(s)/Pass(es)
       Identify one of the following:
       Ceremonial Role ☐ Other ☒ Income ☐
       Ceremonial Role ☐ Other ☒ Income ☐
       Income ☐
       Income ☐
       To reward a community volunteer for his service to the public.

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy  Supervisor's Assistant
   (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)
   Gabriela Christy
   Area Code/Phone Number: (510) 272-6692
   E-mail: Gabriela.christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: 2017 Alameda County Fair
   Face Value of Each Ticket/Pass $15/10
   Date(s): 06/16/17
   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: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   ____________________________ ____________________________
   Gabriela Christy Supervisor’s Assistant
   ____________________________ (Month, Day, Year)
   Comment: 

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

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) 272-6692
E-mail Gabriela.christy@acgov.org

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 15/10
Event Description 2017 Alameda County Fair
Provide Title/Explaination
Date(s) 06 / 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: 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

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

Gonzalez, Michele

Gonzalez, Robert

Number of Ticket(s)/Pass(es) 2 / 1

C. Name of Outside Organization
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

Identify one of the following:
Ceremonial Role ☐ Other ☒ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
To reward a community volunteer for her service to the public.
To reward a community volunteer for his service to the public.

4. Verification
I, 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:

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

Comment:

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

1. **Agency Name**
   - Alameda County
   - Division, Department, or Region (If Applicable)
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - Gabriela Christy
   - Area Code/Phone Number: (510) 272-6692
   - E-mail: Gabriela.christy@acgov.org
   - Date Stamp: California Form 802
   - 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: 2017 Alameda County Fair
   - Face Value of Each Ticket/Pass $15/10
   - Date(s): 06 / 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: Valle, Richard- Supervisor District 2
     - Official’s Name (Last, First)

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

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

   **B. Name of Individual**
<table>
<thead>
<tr>
<th>(Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miley, Angelina</td>
<td>1/1</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td>To reward a County employee for her exemplary service to the public.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miley, Christopher</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td>To reward a County employee for his exemplary service to the public.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **C. Name of Outside Organization**
<table>
<thead>
<tr>
<th>(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: Gabriela Christy
   - Supervisor’s Assistant: (Print Name)
   - (Month, Day, Year)
   - 8944.1 and 18942.1

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) 272-6962
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 $ 15/10
Event Description 2017 Alameda County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: ___________________________________________
If yes: Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: 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 ☐

- Boskovitch, Alexandra
To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales

- Amgott-Kwan, Jared
To promote attendance at a County sponsored event in order to maximize potential County revenue from 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 Gabriela Christy Supervisor's Assistant
Print Name Title
(Month, Day, Year)

Comment: ________________________________
### Agency Report of:

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

### 1. Agency Name
- Alameda County
- Board of Supervisors
- Gabriela Christy
- (510) 272-6692
- Gabriela.christy@acgov.org

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

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Alameda County Fair</td>
<td>06/16/17</td>
</tr>
</tbody>
</table>

| Face Value of Each Ticket/Pass | $15/10 |

| Ticket(s)/Pass(es) provided by agency?
Was ticket distribution made at the behest of agency official? |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☑ No ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valle, Richard- Supervisor District 2</td>
</tr>
</tbody>
</table>

### 3. Recipients

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

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

- **B. Name of Individual**

  **Number of Ticket(s)/Pass(es)**
  **Identify one of the following:**

  **Huerta, Ricardo**
  4/2
  **To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales**

  **Ceremonial Role ☐ Other ☑ Income ☐**

- **Potter, Laurel**
  4/1
  **To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales**

  **Ceremonial Role ☐ Other ☑ Income ☐**

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

### 4. Verification

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

---

<table>
<thead>
<tr>
<th>Gabriela Christy</th>
<th>Supervisor’s Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Title</td>
</tr>
<tr>
<td></td>
<td>06/30/17</td>
</tr>
</tbody>
</table>

---

Comment:

---

FPPC Form 802 (4/12)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   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 $15/10
   Event Description 2017 Alameda County Fair
   Date(s) 06 / 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: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arenas, Johnny</td>
<td>211</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.</td>
</tr>
<tr>
<td>Avila, Mike</td>
<td>41</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.</td>
</tr>
</tbody>
</table>

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

4. Verification
   1. I and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   2. Signature of Agency Head or Designee
   3. Supervisor's Assistant
   4. (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)
   Gabriela Christy
   Area Code/Phone Number E-mail
   (510) 272-6692 Gabriela.christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 15/10
   Event Description 2017 Alameda County Fair
   Date(s) 06 / 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: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maxi, Micheal</td>
<td>5/2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.</td>
</tr>
<tr>
<td>Sanborn, Robert</td>
<td>5/1</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.</td>
</tr>
</tbody>
</table>

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

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

   ________________________________   ________________________________
   Gabriela Christy                  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)
### 3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</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>Macavoy, Zion</td>
<td>5</td>
<td>Ceremonial Role □ Other ☒ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.</td>
</tr>
<tr>
<td>Macavoy, Zoey</td>
<td>5</td>
<td>Ceremonial Role □ Other ☒ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.</td>
</tr>
<tr>
<td>Rodríguez, Jessica</td>
<td>5</td>
<td>Ceremonial Role □ Other ☒ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.</td>
</tr>
<tr>
<td>Rodríguez, Robert</td>
<td>2</td>
<td>Ceremonial Role □ Other ☒ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.</td>
</tr>
</tbody>
</table>

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors

Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.christy@acgov.org

Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 15/10
   Event Description 2017 Alameda County Fair
   Date(s) 06 / 16 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.

   Farjado, Carlos

   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, [Signature] Gabriela Christy, Supervisor’s Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   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) 272-6692
   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 $ 15/10
   Event Description: 2017 Alameda County Fair
   Date(s): 06 / 16 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: ____________
   Name of Source
   If yes: Valle, Richard - Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      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
      Tennyson All America Festival
      2451 W. Tennyson Rd., Hayward, CA
      15/2
      To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.
      Hayward celebrates the 241st birthday of the country and build pride in Tennyson

4. Verification
   I, ____________________________
   Supervisor's Assistant
   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 ☐

**Event Description:** Baseball game

**Face Value of Each Ticket/Pass:** $90 ticket/$20 park

**Date(s):** 06/15/17

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

If no: Oakland A's

**Name of Source:**

If yes: Chan, Wilma

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

---

#### 3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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>Trybe, 2000 Park Blvd, Oakland, CA 94606</td>
<td>5</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

---

#### 4. Verification

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

**First Name**
Sarah Oddie

**Title**
Supervisor's Assistant

**Date**
06.30.2017

(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
   Date Stamp
   California Form 802
   For Official Use Only
   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 $ 100
   Event Description Baseball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 06/16/17
   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 ☐
   Mendieta, Rene 2
   To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
   2
   C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy

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

Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Baseball game
Face Value of Each Ticket/Pass $ 80 ticket/$20 parking
Date(s) 06 / 21 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>Purple Silk Music Foundation, 484 Lake Park Ave. #366, Oakland, CA 94610</td>
<td>18+3</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Music education for inner city youth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I declare under penalty of perjury under the laws of the State of California as set forth in Sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie
Supervisor's Assistant
06.30.2017
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

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) 06 / 02 / 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:
      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. Verifications
   I have
   (FPPC Form 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 06.30.2017
   Print Name Title (Month, Day, Year)

Comment:
### Agency Name

Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Sarah Oddie

Area Code/Phone Number  
(510) 272-6693

E-mail  
sarah.oddie@acgov.org

### 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)  
06/03/17

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

### Recipients

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>PUEBLO, 3528 Foothill Blvd, Oakland, CA 94601</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

Create healthy, econ self-sufficient & peaceful neighborhoods

### Verification

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

Sarah Oddie  
Supervisor’s Assistant  
06.30.2017

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
   Date(s)
   06 / 04 / 17
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☑
   If no:
   Name of Source
   Oakland A's
   Official's Name (Last, First)
   If yes:
   Name of Source
   Chan, Wilma

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐  Other ☐  Income ☐
      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
   06.30.2017
   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) 272-6593
   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) 06 / 05 / 17
   Provide Title/Explanation
   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)
   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.
   Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

   Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   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

   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.
   Sarah Oddie
   Supervisor's Assistant
   06.30.2017
   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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $33
   Date(s) 06 / 06 / 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 ☐
      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
      Trybe, 2000 Park Blvd, Oakland, CA 94606
      2
      To reward a school or nonprofit organization for its contributions to the community
      Youth and family services

4. Verification
   I have reviewed the regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie Supervisor's Assistant
   06.30.2017
   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 ☐
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 33
   Date(s) 06 / 07 / 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.

<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>

   | Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lim, May</td>
<td>2</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>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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<td></td>
</tr>
</tbody>
</table>

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

   Sarah Oddie
   Supervisor's Assistant
   06.30.2017

   Print Name
   Title

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

### 1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Sarah Oddie
Area Code/Phone Number (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)** 06/15/17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
- **If no: Name of Source** Oakland A’s
- **If yes:** Chan, Wilma

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

<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)** Smith, Jerry
  - **Number of Ticket(s)/Pass(es)** 2
  - **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)** 2
  - **Describe the public purpose made pursuant to the agency’s policy**

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></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]
Sarah Oddie
Supervisor’s Assistant
06.30.2017

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) 06 / 16 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   Name of Source
   If yes: Chan, Wilma
   Name of Source
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shepherd, Silvia</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot;, describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...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 &quot;Ceremonial Role&quot; or &quot;Other&quot;, describe below:</td>
</tr>
</tbody>
</table>

4. Verification
   I have reviewed Sections 16944.1 and 16942. 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)  06.30.2017

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
   Face Value of Each Ticket/Pass $33
   Date(s) 06/17/17
   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 ☐
      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, Sarah Oddie, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   Print Name Sarah Oddie
   Title Supervisor's Assistant
   Date 06.30.2017
   (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ ☐
Event Description Baseball game
Date(s) 06 / 18 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Chan, Wilma
Official's Name (Last, First)

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

<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>Wu, Abby</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot;: describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...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 &quot;Ceremonial Role&quot; or &quot;Other&quot;: describe below:</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee
Sarah Oddie
Supervisor's Assistant
Print Name
Title
Date (Month, Day, Year)
06.30.2017

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
- **Event Date(s):** 06 / 19 / 17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
- **If no:** Oakland A's
- **If yes:** Chan, Wilma

## 3. Recipients

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

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

<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>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mickens, Beverly</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### C. Name of Outside Organization

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

## 4. Verification

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

**Signature of Agency Head or Designee:** Sarah Oddie

**Print Name:** Sarah Oddie

**Title:** Supervisor's Assistant

**Date of Original Filing:** 06.30.2017

**Amendment:** (Must provide explanation in Part 3.)
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) 06/20/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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<tr>
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<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Huang, Crystal</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>
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<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 declare under penalty of perjury 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee ___________________________ Print Name ___________________________
   Supervisor’s Assistant ___________________________ Title ___________________________
   Date 06.30.2017 (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $33
   Event Description  Baseball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 06 / 21 / 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.

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

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

<table>
<thead>
<tr>
<th>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>Lincoln Elementary School, 225 11th St, Oakland, CA 94607</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

   Sarah Oddie  Supervisor's Assistant  06.30.2017
   Print Name  Title  (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 33
   Event Description Baseball game
   Provide Title/Explanation
   Date(s) 06 / 22 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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<tr>
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<td></td>
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<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garcia, Alana</td>
<td>2</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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

   Sarah Oddie Supervisor's Assistant 06.30.2017
   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 X No ☐
   Face Value of Each Ticket/Pass $ 33
   Event Description Baseball game
   Date(s) 06 / 30 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Name of Individual</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Identify one of the following:</td>
</tr>
<tr>
<td>(Last, First)</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Canalin, Susan</td>
<td>2</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 &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Name of Outside Organization</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>(include address and description)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have reviewed sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie: Supervisor's Assistant 06.30.2017
   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

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No □
   Face Value of Each Ticket/Pass $90 ticket/$20 park
   Event Description: Baseball game
   Date(s): 06/15/17
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? No □ Yes X
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td></td>
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<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 X Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role X 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>Oakland Community Organizations, 7200 Bancroft Ave #2, Oakland, CA 94605</td>
<td>4+1</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Develop leaders who build power through their congregations and schools</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I, Sarah Oddie, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   (Month, Day, Year) 06.30.2017
   Supervisor's Title
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number (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 $ $90 ticket/$20 park
   Date(s) 06 / 15 / 17
   If no: Oakland A's
   If yes: Chan, Wiima

3. Recipients
   Use Section 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:
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Girls Inc. of the Island City, 1724 Santa Clara Ave, Alameda, CA 94501 9+2 To reward a school or nonprofit organization for its contributions to the community
      Inspire all girls to be strong, smart, and bold w/ innovative programs, activities

4. Verification
   Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie
   Supervisor's Assistant
   06.30.2017

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ $200
Event Description Dia Nacional de la Banda
Provide Title/Explanation
Date(s) 06 / 03 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official?
No ☐ Yes ☒
If yes: 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>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Unity Council, 1900 Fruitvale Ave Suite 2A, Oakland, CA 94601</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Improving quality of life, econ + ed opp, health + safety low-income communities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Sarah Oddie Supervisor’s Assistant 06.30.2017
Print Name Title
(Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Roger Waters
   Face Value of Each Ticket/Pass $ 350
   Date(s) 06 / 10 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
   If yes: Chan, Wilma
   Official's Name (Last, First)

3. Recipients
   * Use Section 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>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐ Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawk, Dawn</td>
<td>2</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td>Baltrush, Katie</td>
<td></td>
<td></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>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: [Signature] Sarah Oddie
Print Name: [Print Name] Supervisor's Assistant
Title: [Title]
Date: 06.30.2017
(Month, Day, Year)

Comment: [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: Poison
- Face Value of Each Ticket/Pass $ 150
- Date(s) 06 / 13 / 17
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
- If no: Golden State Warriors
- Name of Source
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
- If yes: Chan, Wiima
- 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>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. Name of Individual (Last, First)
<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐ Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weinstein, Miguel</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Ponder, La Wonda</td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td>Deming, Nancy</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee Sarah Oddie
Supervisor's Assistant
Print Name
Title
(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 $ $304.80 ticket
Event Description Basketball Game
Date(s) 06 / 01 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source Chan, Wilma
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
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

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

Asian Health Services, 818 Webster Street, Oakland, CA 94607
2 To reward a school or nonprofit organization for its contributions to the community

4. Verification

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

Print Name

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes X  No □
   Event Description  Basketball Game
      Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?  Yes □  No X
   Was ticket distribution made at the behest of agency official?  No □  Yes X
   Face Value of Each Ticket/Pass $ □304.80 ticket/$40 park
   Date(s) 06 / 04 / 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:
   McCormick, Mike  2+p
      To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
   Cravalho, Brian  2+p
      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
   Pursuant to 18944.1 and 18942.1 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 (Month, Day, Year)
   Comment: 

Sarah Oddie  Supervisor's Assistant  06.30.2017

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Basketball Game
   Face Value of Each Ticket/Pass: $304.80 ticket/$40 park
   Date(s): 06/07/17
   Ticket(s)/Pass(es) provided by agency: Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Golden State Warriors
   Name of Source: 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:
   __________________________________________________________________________
   Kubo, Theresa | 4 | Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
   __________________________________________________________________________
   4 | Ceremonial Role ☐ Other ☐ Income ☐
   __________________________________________________________________________

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

4. Verification
   Ions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie Supervior’s Assistant 06.30.2017
   Print Name Title (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)
   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/$40 park
   Event Description Basketball Game
   Date(s) 06 / 09 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

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

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

4. Verification
   Irs 19944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   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)
Sarah Oddie

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

Date Stamp
California Form 802
For Official Use Only

□ Amendment (Must provide explanation in Part 3.)
Date of Original Filing: __________/_________/__________

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No □
Face Value of Each Ticket/Pass $304.80 ticket/$40 park
Event Description Basketball Game
Date(s) 06/12/17
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No □ Yes ☑
If yes: Chan, Wilma
Official's Name (Last, First)

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

<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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan, Daren</td>
<td>4+p</td>
<td></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>
<td></td>
</tr>
<tr>
<td></td>
<td>4+p</td>
<td></td>
<td>☑</td>
</tr>
</tbody>
</table>

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

Verification

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

Sarah Oddie (Print Name) Supervisor's Assistant (Title) 06.30.2017 (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
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-8691
   E-mail leean.ferguson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Baseball
   Face Value of Each Ticket/Pass $33.00
   Date(s) 7/5/17
   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
   Offical's Name (Last, First)

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

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

   B. Name of Individual
      Number of Tickets/Passes
      Identify one of the following:
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
      Ceremonial Role ☐ Other ☐
      Income ☐
      joe paola 2

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

4. Verification
   I, Alameda County, have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson
   Supervisor's Assistant
   (Signature) 7/17/17
   Print Name
   (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)
Lee Ann Fergerson, Supervisor's Assistant

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

Date Stamp

A Public Document
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 150.00

Event Description Iron Maiden

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ Date(s) 7, 5, 17

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

If yes: Name of Source
Alameda County Supervisor Scott Haggerty, D1

If no:
Name of Source

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Tickets Provided</th>
<th>Describes the public purpose inconsistent 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 Tickets Provided</th>
<th>Description of the public purpose the distribution is consistent to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sherry Kraus</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>


C. Name of Outside Organization | Number of Tickets Provided | Description of the public purpose the distribution is consistent to the agency's policy |


4. Verification

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

Print Name

Comment:

Lee Ann Fergerson

Supervisor's Assistant

(510) 272-6691

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

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

Board of Supervisors

Designated Agency Contact (Name,Title)

Lee Ann Fergerson, Supervisor's Assistant

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

Face Value of Each Ticket/Pass: $33.00

Date(s): 6-29-17

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

If no:  
Oakland Athletics

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

Name of Source: Alameda County Supervisor Scott Haggerty, D1

Official’s Name (Last, First)

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

A.  
Name of Agency, Department or Unit

Number of Ticket/Passes

Description of purpose made pursuant to the agency's policy

B.  
Name of Event/Detail

Number of Ticket/Passes

Identify one of the following:

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

Ceremonial Role □  Other □  Income □

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

C.  
Name of Outside Organization  
Description of purpose (and description)

Number of Ticket/Passes

Description of purpose made pursuant to the agency's policy

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

Lee Ann Fergerson  
Supervisor’s Assistant

Signature or Agency thereof or representative  
Print Name

(Full Name)

(Print Name)

Comment:

Signature of agency thereof or representative

(Full Name)

(Full Name)

(Full Name)

(Full Name)

FPPC Form 892 (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 Ferguson, Supervisor's Assistant

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

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

   Event Description: A's Baseball

   Face Value of Each Ticket/Pass $80.00

   Date(s): 8/27/17

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

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

   Oakland Athletics
   Alameda County Supervisor Scott Haggerty, D1

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

   A. Name of Agency, Department or Unit | Number of Tickets/Passes | Purpose of Ticket/Pass Distribution

   B. Name of Individual | Number of Tickets/Passes | Income

   C. Name of Community Organization | Number of Tickets/Passes | Description of purpose:

   Sunflower Hill
   P.O. Box 114316
   Pleasanton, CA 94588
   18/4

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

4. Verification
   Signature of Agency Name or Designee
   Lee Ann Ferguson
   Supervisor's Assistant

   Title

   Comment: Proceeds help further their mission of creating an intentional community for individuals with special needs

   FPPC Form 002 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description BASEBALL ☐
   Face Value of Each Ticket/Pass $33.00
   Date(s) 7/1/17
   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, D1
   Official's Name (Last, First)

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

   Name or Individual (Last, First)
   Number of Ticket/Pass(es)
   Ceremonial Role ☐ Other ☐ Income ☐
   Description of the following:
   To promote attendance at a county sponsored event in order
   to maximize potential county revenue for concession and
   parking sales.

4. Modifications
   Statements 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency, Chief or Designee
   Lee Ann Fergerson
   Supervisor's Assistant
   Title
   (Month, Day, Year)
   Comment:

FPSC Form 802 (4/12)
FPSC Toll-Free Helpline: 866/ASK-FPSC (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 leeanne.fergerson@acgov.org
   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ 312.50
   Event Description (Provide Title/Explanation)
   Date(s): 6/12/17
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: If yes: Name of Source
   Alameda County Supervisor Scott Haggerty, D-1
   Was ticket distribution made at the behest of agency officials? No [ ] Yes [ ]
   If yes: Official(s) Name (Last, First)

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

   A. Name of Agency/Department/Unit [ ] Number of Recipients [ ]
      * Expenditure is consistent with the agency policy.

   B. Name of Individual [ ] Number of Recipients [ ]
      Expenditure is consistent with the agency policy.
      Scott Haggerty 7
      To obtain oversight of facilities or events that have received county funding or support
      Ceremonial Role [ ] Other [ ]
      * If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Organization/Outside Recipient [ ]
      Number of Recipients [ ]
      Expenditure is consistent with the agency policy.
      To reward a school or non-profit organization for its contributions to the community

4. Verification
   I, Lee Ann Ferguson, have verified that the distribution as forth above, is in accordance with the requirements.
   Name: Lee Ann Ferguson
   Title: Supervisor's Assistant
   Date: 6/12/17

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

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

2. Function or Event Information
   Does the agency have a ticket policy? 
   Yes ☐ No ☐
   Event Description ROGER WATERS
   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 $ 350.00
   Date(s) 10/10/17
   If no: GSW
   Name of Source Alameda County Supervisor Scott Haggerty, D 1
   Officer's Name (Last, First)

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

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

   B. Name of Individual Number of Ticket(s) or Pass(s) Identity and purpose following:

      Randy Renchler 4
      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 Ticket(s) or Pass(s) Ceremonial purpose(s) made pursuant to the agency's policy

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

4. Verification
   I and 1942, I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   Title

Comment:

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

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Lee Ann Ferguson, Supervisor's Assistant
Area Code/Phone Number (510) 272-6691
E-mail leean.ferguson@acgov.org

Date Stamp

 Amendement (only provide explanation in Part 2)
Date of Original Filing:

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

Event Description: Warriors/C Avs Watch Party

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 $0

3. Recipients
A. Name of Agency/Department or Unit

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

B. Name of Individual

Nick Padros
Stephen Dillon

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

C. Name of Recipient (individual, entity or organization)

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

Verification

Lee Ann Ferguson Supervisor's Assistant

Comment:

FPPC Form 802 (4/14)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/577-3772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
Alameda County  
Division, Department, or Region (If Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
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  
Watch Party - Warriors  
Date(s)  
6, 7, 17  
If no:  
Name of Source  
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.  

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticketed Pass(es)</th>
<th>Description of the public purpose made pursuant to the agency’s policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITD Information Technology Dept</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

B. Name of Individual(s)  
Number of Ticketed 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 Ticketed Pass(es)  
Describe the public purpose made pursuant to the agency’s policy:  

4. Verification  
944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.  
Lee Ann Ferguson  
Supervisor’s Assistant  
(Month, Day, Year)  

Comment:  

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

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: GSW
   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): 6-4-17
   Name of Source: Alameda County Supervisor Scott Haggerty, D1
   Office: [Title, First]

3. Recipients
   (Use Section A to identify the agency's department or entity. Use Section B to identify an individual. Use Section C to identify a non-profit organization.)

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

   B. Name of Individual:

      Grace Vandell
      Jordan Lombardo

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

   C. Name of Non-Profit Organization: To reward a school or non-profit organization for its contributions to the community

4. Verification
   I, Lee Ann Ferguson, Supervisor's Assistant, certify that the distribution of tickets/passes set forth above is in compliance with the requirements.

   Lee Ann Ferguson
   Supervisor's Assistant
   6/12/17

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 De La Banda
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ 200.00
   Date(s) 6/3/17
   Location [ ]
   If no: [ ]
   Name of Source Alameda County Supervisor Scott Haggerty, D1
   If yes: [ ]
   Official's Name (Last, First)

3. Recipients
   Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.
   A. Name of Agency, Department, or Unit [ ]
      Number of Recipients [ ]
      Description of purpose of ticket or pass
      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/Tickets [ ]
      Description of purpose of ticket or pass
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
   C. [ ]
      Name of Outside Organization/Individual for Ceremonial Events
      Number of Tickets/Tickets [ ]
      Description of purpose of ticket or pass
      To reward a school or non-profit organization for its contributions to the community

4. Verification
   I, Lee Ann Ferguson, Supervisor's Assistant, certify under penalty of perjury that the distribution set forth above is in accordance with the requirements.

Comment: [ ]
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: leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: [Warriors Finals]
   Date(s): 6/17

   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: [ ]

   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   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 entity or organization.]

   A. Name of Agency, Department or Unit
      [To reward a County employee for his or her exemplary service to the public or to encourage staff development]

   B. Name of Employee
      [Stanley Alcon, Javier Hernandez]
      Number of Tickets or Passes: 2 x 2
      [To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales]

   C. Name of Entity or Organization
      [To reward a school or non-profit organization for its contributions to the community]

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

Lee Ann Ferguson
Supervisor’s Assistant

Comment:

Date: 6/1/17

FFPC Form 002 (4/14)
FFPC Toll-Free Helpline: 866/ASK-FFPC (866/827-7772)
## Ceremonial Role Events and Ticket/Pass Distributions

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description**
  - A's Baseball
- **Ticket(s)/Pass(es) provided by agency?**
  - Yes ☐ No ☒
- **Was ticket distribution made at the behest of agency official?**
  - No ☐ Yes ☒
- **Face Value of Each Ticket/Pass** $150
- **Date(s)** 05 / 20 / 17
- **Name of Source**
  - Oakland Athletics
  - Carson, Keith - Supervisor District 5
  - Official's Name (Last, First)

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

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

#### B. **Name of Individual (Last, First)**
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following:**
  - Ceremonial Role ☐ Other ☒ Income ☐
  - 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 Official or Designee**
  - Briana Brown
- **FPPC Form**
  - FPPC 802 (4/12)
- **FPPC Toll-Free Helpline**
  - 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description A's Baseball
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   Face Value of Each Ticket/Pass $ 80
   Date(s) 05 / 23 / 17
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A.</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOS District 5</td>
<td>2</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual (Last, First)</td>
<td>Ceremonial Role [ ] Other [x] Income [ ]</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>C.</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

4. Verification
   I, Briana Brown, Supervisor’s Assistant, June 10, 2017
   Print Name
   Title
   (Month, Day, Year)
   Comment: 2 Field Tickets

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. **Agency Name**  
  Alameda County
  
  **Division, Department, or Region (If Applicable)**  
  Board of Supervisors
  
  **Designated Agency Contact (Name, Title)**  
  Briana Brown
  
  **Area Code/Phone Number**  
  5102726695
  
  **E-mail**  
  briana.brown2@acgov.org

2. **Function or Event Information**
   
   **Does the agency have a ticket policy?**  
   Yes [x]  No [ ]
   
   **Event Description**  
   Warriors
   
   **Face Value of Each Ticket/Pass**  
   $312.50
   
   **Date(s)**  
   6/1/17
   
   **Ticket(s)/Pass(es) provided by agency?**  
   Yes [ ]  No [x]
   
   **If no: Golden State Warriors**
   
   **Name of Source**
   
   **Was ticket distribution made at the behest of agency official?**  
   No [ ]  Yes [x]
   
   **Official's Name (Last, First)**

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

   **A. Name of Agency/Department or Unit**
   
   **Number of Ticket(s)/Pass(es)**
   
   **Describe the public purpose made pursuant to the agency's policy**
   
   **BOS. D5**  
   2  
   To reward a County employee for his or her exemplary service to the public or to encourage staff development
   
   **GSA**  
   2  
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

4. **Verification**

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

   - Briana Brown  
   Supervisor's Assistant
   
   **Title**
   
   **Date**  
   6/10/17
   
   **Month, Day, Year**

   **Comment:**
Please write the address / purpose of the organization.

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>Ticket(s)/Pass(es)</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></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>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Prisoner Support Committee P.O. Box 1131, Oakland, CA 94612</td>
<td>5</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>AYPAL Asian American &amp; Pacific Islander</td>
<td>5</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

### 4. Verification

I have reviewed sections 1a and 1b. I have verified that the distribution set forth above, is in accordance with the requirements.

Briana Bown
Print Name
Supervisor's Assistant
Title
June 10, 2017
(Month, Day, Year)

Comment: 2 Parking passes
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $90
Event Description A's Baseball
Provide Title/Explanation
Date(s) 05 / 18 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Oakland Athletics
Name of Source
If yes: Carson, Keith - Supervisor District 5
Official's Name (Last, First)

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

A. Number of Ticket(s)/Pass(es) 0
Describe the public purpose made pursuant to the agency's policy

B. Name of Individual
(First, Last)
Number of Ticket(s)/Pass(es) 0
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)
Filipino Advocates For Justice
315 8th Oak Build Strong Community
Number of Ticket(s)/Pass(es) 2
To reward a school or nonprofit organization for its contributions to the community

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

Briana Brown
Print Name
Supervisor's Assistant
Title
June 10, 2017
(Month, Day, Year)

Comment: 2 Field Tickets
**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Face Value of Each Ticket/Pass** $90
   - **Event Description** A's Baseball
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **Date(s)** 05/19/17
   - **If yes: Oakalnd Athletics**
   - **Name of Source**
   - **If no:** Carson, Keith - Supervisor District 5
   - **Official's Name (Last, First)**

3. **Recipients**
   - **A. General Agency Department or Unit**
     - Number of Ticket(s)/Pass(es)
     - Describe the public purpose made pursuant to the agency's policy
   - **B. Name of Individual**
     - Number of Ticket(s)/Pass(es)
     - Identify one of the following:
       - Ceremonial Role ☐ Other ☑ Income ☐
     - If checking "Ceremonial Role" or "Other" describe below:
     - Ceremonial Role ☐ Other ☐ Income ☐
     - If checking "Ceremonial Role" or "Other" describe below:
   - **C. Name of Outside Organization**
     - Number of Ticket(s)/Pass(es)
     - Describe the public purpose made pursuant to the agency's policy
     - Berkeley Food and Housing Project
     - 191 Fairview St., Berkeley, CA 94704
     - 2
     - To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals for the partic

4. **Verification**
   - I have verified that the distribution set forth above, is in accordance with the requirements.
   - Briana Brown
   - Supervisor's Assistant
   - June 10, 2017
   - Comment: 2 Field bx
1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number E-mail
   (510)272-6695 briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description A's Baseball
   Face Value of Each Ticket/Pass $90
   Date(s) 05/19/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)

3. Recipients
   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
      Berkeley Teen Center
      21 MLK Jr Way Berkeley
      4 To reward a school or nonprofit organization for its contributions to the community

4. Verification
   8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown Supervisor's Assistant June 10, 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)
Briana Brown

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

Date Stamp

California Form 802
For Official Use Only

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

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

Face Value of Each Ticket/Pass $ 90

Event Description A's Baseball
Provide Title/Explanation

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

Date(s) 05 / 21 / 17

If no: Oakland Athletics

Name of Source
If yes: Carson, Keith - Supervisor District 5

Official’s Name (Last, First)

3. Recipients

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

<table>
<thead>
<tr>
<th>Name of Agency/Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOS. D5</td>
<td>2</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff developmentTo promote attendan</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></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>Center for Early Intervention on Deafness</td>
<td>4</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev</td>
</tr>
<tr>
<td>St. Mary’s</td>
<td>4</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev</td>
</tr>
</tbody>
</table>

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

Briana Brown
Supervisor's Assistant

Print Name
Title

June 10 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)**

Briana Brown

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

**E-mail**
briana.brown2@acgov.org

### 2. Function or Event Information

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

**Event Description**
A's Baseball

**Provide Title/Explanation**

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

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

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

**Date(s)**
05 / 24 / 17

**Name of Source**
Oakland Athletics

**Official's Name (Last, First)**
Carson, Keith - Supervisor District 5

### 3. Recipients

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

#### A.

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

#### B.

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

#### C.

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civic Corps (3311 Martin Luther King Jr. Street, Oakland, CA 94607)</td>
<td>2</td>
<td>To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals for the partic</td>
</tr>
</tbody>
</table>

### 4. Verification

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

**Briana Brown**

**Supervisor's Assistant**

**Title**

**June 10, 2017**

(Month, Day, Year)

**Comment:** Field tickets

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*FPPC Form 802 (4/12)*

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

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

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

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

Event Description A's Baseball

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) 05 / 06 / 17

If yes: Carson, Keith - Supervisor District 5
Official's Name (Last, First)

3. Recipients

A. Number of Agency/Department or Unit

Number of Ticket(s)/Pass(es)

ALCO BOS D.5 16+3pp

Describe the public purpose made pursuant to the agency's policy
To reward a County employee for his or her exemplary service to the public or to encourage staff development;

B. Name of Individual (Last, First)

Number of Ticket(s)/Pass(es)

Identify one of the following:
Ceremonial Role ☐ Other ☑

Income ☐

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

Ceremonial Role ☐ Other ☐

Income ☐

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

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

Number of Ticket(s)/Pass(es)

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

4. Verification
I have:

Signature of Agency Head or Designate:

Briana Brown

Supervisor's Assistant

Print Name:

Signature:

June 10, 2017

FPPC Form 802 (4/12)

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

#### 1. Agency Name
Alameda County

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

Board of Supervisors

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

Briana Brown

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

**E-mail**
briana.brown2@acgov.org

---

#### 2. Function or Event Information

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

**Event Description**
A's Baseball

**Face Value of Each Ticket/Pass** $90

**Date(s)** 05 / 8 / 17

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

If no:

**Team** Oakland Athletics

**Name of Source**

If yes:

**Name of Source**
Carson, Keith - Supervisor District 5

**Official’s Name (Last, First)**

---

#### 3. Recipients

*Use Section A to identify the agency’s department or unit.*

- **A.**

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

  **ALCO BOS D.5**

  **2**

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

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

- **B.**

  **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.**

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

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

---

#### 4. Verification

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

**Signature of Agency Head or Designee**

Briana Brown

**Print Name**

Supervisor’s Assistant

**Title**

June 10, 2017

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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Briana Brown
Area Code/Phone Number E-mail
5102726695 briana.brown2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: Warriors
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/Pas: $312.50
Date(s): 6/4/17
If no: Name of Source
Golden State Warriors
If yes: Official's Name (Last, First)

3. Recipients
A. Name or Agency/Department or Unit: Number of Ticket(s)/Pass(es)
   BOS. D5 2
   Describe the public purpose made pursuant to the agency's policy
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

B. Name or Agency/Department or Unit:
   Number of Ticket(s)/Pass(es)
   Description:
   Barbara Lee/ Liz Valdez 2
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   2

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

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number 5102726695
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $32
   Event Description Warriors
   Provide Title/Explanation
   Date(s) 6 / 7 / 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: Official's Name (Last, First)

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

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

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

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

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

   Signature of Agency Head or Designee Briana Brown Supervisor's Assistant (Last, First)
   Print Name Title (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number 5102726695
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $312
   Date(s) 6/9/17
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: 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
   Scott Haggerty 1

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number 5102726695
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Warriors
   Face Value of Each Ticket/Pass $32
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 5/16/17
   If no: Golden State Warriors
   Name of Source
   If yes: Official's Name (Last, First)

3. Recipients
   A. Name of Individual or Unit
      BOS. D5
      Number of Ticket(s)/Pass(es) 4
      Describe the public purpose made pursuant to the agency's policy
      To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor's Assistant
   (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)
Briana Brown
Area Code/Phone Number: 5102726695
E-mail: briana.brown2@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: Warriors
Face Value of Each Ticket/Pass $ 312.00
Date(s) 5 / 14 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: ________________________________
Official’s Name (Last, First)

3. Recipients
A. Name of agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy
   BOS. D5
   2
   To reward a County employee for his or her exemplary service to the public or to encourage staff development
   B. Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Dylan Deelagrange
   2
   To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
   C. Name of Outside Organization (include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy

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

Briana Brown
Supervisor’s Assistant

Copy of original filing available upon request.

Comment: 4 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)
Briana Brown
Area Code/Phone Number 5102726695  E-mail briana.brown2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☒ No ☐
Event Description  Warriors (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
Date(s)  5/5/17
If no: Golden State Warriors
Name of Source
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>BOS. D5</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, Frist)</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>
</table>

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

**Area Code/Phone Number** 5102726695
**E-mail** briana.brown2@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?**
No ☐ Yes ☑

**Face Value of Each Ticket/Pass** $312

**Date(s)** 5 / 2 / 17

If yes:

**Name of Source**

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

## 3. Recipients

- **A. Name of Agency, Department, or Unit**
  - **BOS. D5**
  - **Number of Ticket(s)/Pass(es)** 4
  - **Describe the public purpose made pursuant to the agency's policy** To reward a County employee for his or her exemplary service to the public or to encourage staff development

- **B. Name of Individual**

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

## 4. Verification

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

**Signature of Agency Head or Designee**
Briana Brown

**Supervisor's Assistant**

**Print Name**

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

**Comment:**

<table>
<thead>
<tr>
<th>FPPC Form 802 (4/12)</th>
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</thead>
<tbody>
<tr>
<td>FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)</td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $60/50
Event Description 9/11/09 9-40
Provide Time/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 5/12/17 5/20/17
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Miley, Nate
Name of Source

3. Recipients
A. Name of Agency, Department or Unit
Work of the Board
Number of Ticket(s)/Pass(es) 4
Describe the public purpose made pursuant to the agency's policy
To reward a county employee for their exemplary service to the public.

B. Name of Individual
Name of Outside Organization (include address and description)
Erickson, Timothy
Number of Ticket(s)/Pass(es) 2
Identify one of the following:
Ceremonial Role ☐ Other ☑ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
Ceremonial Role ☐ Other ☑ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

4. Verification
Signature of Agency Head or Designee
Anna Gee
Print Name
Executive Assistant
Title
6/1/17
(Arrange Date, Year)
Comment: Clerk received $20 trip
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No □
Event Description Basketball Game
Ticket(s)/Pass(es) provided by agency? Yes ☒ No □
Was ticket distribution made at the behest of agency official? No ☒ Yes ☒
Face Value of Each Ticket/Pass $ 32.50
Date(s) 5/2/17, 5/4/17
Name of Source Golden State Warriors
If no:
Official’s Name (Last, First) Miley, Nate

3. Recipients
A. Name of Agency, Department or Unit
   805 District & Staff
   Number of Ticket(s)/Pass(es) 2
   Describe the public purpose made pursuant to the agency's policy
   To reward a county employee for their exemplary service to the public
   Ceremonial Role ☐ Other ☒
   Income ☐
   If checking “Ceremonial Role” or “Other” describe below:

B. Name of Individual
   Enderson, Timothy
   Number of Ticket(s)/Pass(es) 1
   Ceremonial Role ☐ Other ☒
   Income ☐
   To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.

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

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

Anna Gee
Signature of Agency Head or Designate

Executive Assistant
Print Name
Signature
Date 5/1/17

Comment: Miley 3, Dist 4 $32.50 received 5/4-100
### 3. Recipients

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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<tr>
<td>Mcilton</td>
<td>1</td>
<td>Other ☑️ Income ☐ Ceremonial Role ☐</td>
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<tr>
<td>Mcilton</td>
<td>2</td>
<td>Other ☐ Income ☐ Ceremonial Role ☐</td>
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<td></td>
</tr>
<tr>
<td>Matějka, Eli</td>
<td>1</td>
<td>Other ☐ Income ☐ Ceremonial Role ☐</td>
</tr>
</tbody>
</table>

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

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

#### 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>
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</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Anna Gee
Area Code/Phone Number 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 $312.50
Date(s) 5/14/17 5/16/17
If no: Golden State Warriors
Name of Source
If yes: Miley, Nate
Official's Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit: Social Services
   Agency
   Number of Ticket(s)/Pass(es): 4
   To reward a county employee for exemplary service to the public.

B. Name of Individual
   Campo, Fernando
   Number of Ticket(s)/Pass(es): 4
   To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.

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

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

Signature of Agency Head or Designee:
Anna Gee
Executive Assistant

Comment: Campos received 5/16/17
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Anna Gee
Area Code/Phone Number  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
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
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
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   - Ceremonial Role ☑ Other ☐ Income ☐
     If checking “Ceremonial Role” or “Other” describe below:

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

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

Signature of Agency’s Need or Designer
Anna Gee  Executive Assistant
Print Name  Title
6/5/17  (Month, Day, Year)

Comment:

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td>510-891-5585</td>
<td><a href="mailto:anna.gee@acgov.org">anna.gee@acgov.org</a></td>
</tr>
</tbody>
</table>

### 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):** 5/7/17, 5/8/17
- **If no:** Oakland Athletics
- **If yes:** Miley, Nate

### Recipients

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
</table>

#### C. Name of Outside Organization

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

- **United Seniors of Oakland & Alameda County**
  - 7200 Bancroft Ave #251
  - Oakland 94605
  - **SENIOR ADVOCACY**
  - **A**

### Verification

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

- **Signature of Agency Head or Designee:** Anna Gee
- **Executive Assistant:**
- **(Month, Day, Year):** 4/5/17

**Comment:** We had received 200 seats and 3 parking passes.
### 3. Recipients

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castro Valley Rotary, 17707 Redwood Rd, Castro Valley, CA 94546</td>
<td>18</td>
<td>To reward a nonprofit for its contribution to the public.</td>
</tr>
<tr>
<td>SERVICE ORGANIZATION</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball Game
   Face Value of Each Ticket/Pass $33
   Date(s) 5/9/17, 5/10/17
   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 ☑
   Official’s Name (Last, First) Miley, Nate

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

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

   C. Name of Outside Organization
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy
   United Seniors of Oakland & Alameda County
   7200 Bancroft Ave #251
   Oakland 94605
   SENIOR ADVOCACY
   4

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

   Signature Anna Gee
   Title Executive 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)
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 $230.90
Date(s) 5/18/17 5/19/17
If no: Oakland Athletics
Name of Source
If yes: Miley, Nate
Official's Name (Last, First)

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>Ceremonial Role ☐ Other ☑ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mario Fraculla</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Pete Geoffrey</td>
<td>2</td>
<td>C</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>Center for Elders Independent 1955 San Pablo Ave Oakland, 94612 Senior Independent Living</td>
<td>4</td>
<td>To reward a non-profit organization for their contributions to the public</td>
</tr>
</tbody>
</table>

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

Comment: Center received 5/19 tx. Pete received field trip 5/19

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 [x]
- **Event Description:** Baseball Game
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **Face Value of Each Ticket/Pass:** $33
- **Date(s):** 5/21/17, 5/23/17
- **Name of Source:** Oakland Athletics
- **Official's Name (Last, First):** Miley, Nate

### 3. Recipients

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></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>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erickson, Timothy</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Armstrong, Erin</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

- **Signature of Agency Head or Designee:** [Signature]
- **Executive Assistant:** Anna Gee
- **Title:** Executive Assistant
- **Date:** 5/17

Comment: Armstrong received the $23 fee.
**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 [ X ]
   - Event Description: *Baseball Game*
   - Date(s): 5/24/17
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ X ]
   - If no: *Oakland Athletics*
   - 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**
     - Number of Ticket(s)/Pass(es)
     - Identify one of the following:
       - Ceremonial Role [ ] Other [ ]
       - Income [ ]
     - If checking "Ceremonial Role" or "Other" describe below.
   - **C. Name of Outside Organization**
     - Number of Ticket(s)/Pass(es)
     - Describe the public purpose made pursuant to the agency's policy
     - United Seniors of Oakland & Alameda County
     - 7200 Bancroft Ave #251
     - Oakland 94605
     - SENIOR ADVOCACY
     - To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.

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.
   - Anna Gee  
   - Executive 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)

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ __________
   Event Description A's Baseball
   Date(s) 07 / 17 / 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: Carson, Keith - Supervisor District 5

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

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

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

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

   2

4. Verification
   I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Briana Brown
   Supervisor’s Assistant

   Signature of Agency Head of Unit
   Print Name
   Title
   June 10
   (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)
   Briana Brown
   Area Code/Phone Number (510) 272-6695
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Event Description A's Baseball
   Ticket(s)/Passes) 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) 07/19/17
   Name of Source if no: Oakland Athletics
   Name of Supervisor if yes: Carson, Keith - Supervisor District 5

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

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

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

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

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

   Briana Brown  Supervisor's Assistant  June 10
   Signature of Agency Head or Designee  Print Name  Title  (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)