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

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

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

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

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### 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)** 07/01/17
- **If no: Oakland A’s**
- **If yes: Chan, Wilma**

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### 3. Recipients
*Use Section 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>(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>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Kraij, Neno</td>
<td></td>
<td>2</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...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>

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### 4. Verification
9944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

/ [Signature of Agency Head or Designee]

[Print Name]

Sarah Oddie

[Supervisor's Assistant]

07.31.2017

(Month, Day, Year)

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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)
   Sarah Oddie
   
   Area Code/Phone Number  E-mail
   (510) 272-6693  sarah.oddie@acgov.org
   
   Date Stamp: California Form 802
   For Official Use Only
   
   Amendment: (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒  No ☐
   
   Face Value of Each Ticket/Pass $33
   
   Event Description  Baseball game
   
   Date(s) 07 / 02 / 17
   
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☒
   
   If no: Oakland A's
   
   Name of Source
   Chan, Wilma
   
   Official’s Name (Last, First)

   Was ticket distribution made at the behest of agency official?  No ☐  Yes ☒
   
3. Recipients
   • Use Section A to identify the agency’s department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   
   Signature of Agency Head or Designee
   Sarah Oddie
   
   Print Name
   Supervisor’s Assistant
   07.31.2017
   
   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)
  - Sarah Oddie
  - E-mail: sarah.oddie@acgov.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description**: Baseball game
- **Face Value of Each Ticket/Pass**: $33(MVP)/$90(Box)/$20(p)
- **Date(s)**: 07 / 03 / 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
<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>Shutz, Barry</td>
<td>2 MVP</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>2 MVP</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization
<table>
<thead>
<tr>
<th>(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>Henry Haight Elementary School, 2025 Santa Clara Ave, Alameda, CA 94501</td>
<td>6 box</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Elementary School</td>
<td>2 park</td>
<td></td>
</tr>
</tbody>
</table>

### 4. Certification

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

Supervisor's Assistant: President

Title: 07.31.2017

(Month, Day, Year)

Comment: ____________

FPPC Form 802 (4/12)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
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) 07 / 04 / 17
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official’s Name (Last, First)
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

<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>Oddie, Linnea</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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Sarah Oddie
Supervisor’s Assistant
07.31.2017
(Month, Day, Year)

Signature of Agency Head or Designee
Print Name
Title

Comment:

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

1. Agency Name
   Alameda County
   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
   Date(s) 07/05/17
   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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &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>Name of Outs/ide Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda Meals on Wheels, P. O. Box 2534, Alameda, CA 94501</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Low cost/free meals for seniors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I, 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: ___________________________
   Date (Month, Day, Year): 07.31.2017
   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

   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 $33
   Date(s) 07 / 14 / 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

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

4. I, in accordance with the requirements of Sections 18944.1 and 18942, 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
   07.31.2017

   Print Name
   Title
   (Month, Day, Year)

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

**1. Agency Name**
Alameda County

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

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

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

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

**Date Stamp**

**Form 802**
For Official Use Only

** Amendement** (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 ☐
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **Was ticket distribution made at the behest of an agency official?** No ☐ Yes ☒

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

33

**Event Description**
Baseball game

**Date(s)**
07 / 15 / 17

**Provide Title/Explanation**

**Name of Source**
Oakland A's

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

### 3. Recipients

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

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

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

### 4. Verification

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

Sarah Oddie
Supervisor's Assistant

07.31.2017

Signature of Agency Head or Designee
Print Name

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 $ 90(Box)/20(park)
   Event Description Baseball game
   Date(s) 07 / 16 / 17
   Provide Title/Explanation
   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
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

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

4. Verification
   I, 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

   Comment:

   07.31.2017
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   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 $ 90(Box)/20(parking)
   Event Description Baseball game
   Date(s) 07 / 16 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   If yes: Chan, Wilma
   Name of Source
   Official’s Name (Last, First)
   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)
      Ceremonial Role ☐ Other ☐ Income ☐
      Identify one of the following:
      If checking "Ceremonial Role" or "Other," describe below:
      To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
      
      Lett, Estia
      3+P
      Campos, Maria
      3+P

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      
4. Verification
   I hereby declare 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) 07.31.2017
   Comment:

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Sarah Oddie

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

Date Stamp


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(Box)/20(park)

Date(s) 07/16/17

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

If no: Oakland A’s

If yes: Chan, Wilma

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

3. Recipients

* Use Section 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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<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tr>
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<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>Brown, Siena</td>
<td>4+p</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>4+p</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
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<tr>
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4. Verification

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 07.31.2017

Signature or Agency Head or Designee Print Name Title

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

1. Agency Name
   Alameda County

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Sarah Oddie

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

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

   Event Description Baseball game
   Face Value of Each Ticket/Pass $90(Box)/20(park)
   Date(s) 07/16/17

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

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

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

   B. Name of Individual
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Sarah Oddie
   Supervisor's Assistant
   07.31.2017

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

1. Agency Name
   Alameda County
   Board of Supervisors

Designated Agency Contact (Name, Title)
Sarah Oddie
Area Code/Phone Number (E-mail)
(510) 272-6693 sarah.oddie@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 $ 33
   Event Description Baseball game
   Date(s) 07 / 16 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

   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

      2
      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
   Sections 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

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

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 ☑

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

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

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

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

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

   **Identify one of the following:**

   **Ceremonial Role** ☐ **Other** ☐ **Income** ☐

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

   **King, Shane**

   **To promote attendance...event held at a County facility...maximize potential County revenue...concession sales**

   **C. Name of Outside Organization**

   **(include address and description)**

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

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

4. **Verification**

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

   Signature of Agency Head or Designee
   - Sarah Oddie

   Supervisor's Assistant
   - Print Name

   Title
   - (Month, Day, Year)

   Comment:

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

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) 07 / 18 / 17
   If yes: Chan, Wilma
   Name of Source
   Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>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 | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee, Steven</td>
<td>2</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
</tbody>
</table>
|                    | 2                           | Ceremonial Role ☐ Other ☐ Income ☐
|                    |                             |                                                               |

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

Sarah Oddie
Supervisor’s Assistant
07.31.2017

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**
   - (510) 272-6693

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

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

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Event Description** Baseball game
   - **Face Value of Each Ticket/Pass** $ 33
   - **Date(s)** 07 / 19 / 17
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
     - **If no:** Oakland A's
     - **Name of Source**
   - **Was ticket distribution made at the behest of agency official?**
     - No ☐ Yes ☒
     - **If yes:** Chan, Wilma
     - **Official’s Name (Last, First)**

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastick Senior Center, 1155 Santa Clara Ave, Alameda, CA 94501</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

Senior Center

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
   - Signature of Supervisor's Assistant
   - Supervisor's Assistant
   - 07.31.2017
   - (Month, Day, Year)

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Sarah Oddie

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ ___________ 33
   Event Description Baseball game
   Date(s) 07 / 28 / 17 ___________ / /
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   If no: Oakland A's
   If yes: Chan, Wilma
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

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

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

4. Verification
   Signature of Agency Head or Designee
   Sarah Oddie
   Print Name
   Supervisor's Assistant
   Title
   07.31.2017 (Month, Day, Year)

   Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description 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 $ 33
Date(s) 07/17

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

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


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

Hernandez, Ed
2
To reward a community volunteer for his or her service to the public

2

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

4. Verification
I, Sarah Oddie, Supervisor's Assistant, declare under penalty of perjury that the information set forth above is true and correct. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie  Supervisor's Assistant  07/31/2017
Print Name  Title  (Month, Day, Year)

Comment:

PPC 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 ☐
   Face Value of Each Ticket/Pass $90
   Event Description Baseball game
   Provide Title/Explanation
   Date(s) 07 / 29 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   If yes: Chan, Wilma
   Name of Source
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   
   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   
   Cravalho, Brian 3
   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
   Regulations 18944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie 07.31.2017
   Supervisor’s Assistant 07.31.2017
   Print Name
   Title
   (Month, Day, Year)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Sarah Oddie

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

Date Stamp California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 33

Event Description Baseball game
Date(s) 07/30/17
Provide Title/Explanation
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>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>Kiwanis Club of San Leandro, 2777 Alvarado St., Ste. K, San Leandro 94577</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Community service organization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. 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 (Month, Day, Year): 07.31.2017

Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 33
   Date(s) 07 / 31 / 17
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Name of Source
   If no: Oakland A's
   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:
   Clemons, Estelle 2 Ceremonial Role ☐ Other ☐ Income ☐
   To reward a community volunteer for his or her service to the public
   2 Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Sarah Oddie Supervisor's Assistant 07.31.2017
   Print Name Title (Month, Day, Year)
   Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $150
   Event Description Iron Maiden
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 07 / 05 / 17
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

<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>Brooks, Andrew</td>
<td>4</td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>4</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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I, [Signature], an agency employee or designated
   Print Name Sarah Oddie
   Supervisor’s Assistant 07.28.2017
   Title
   (Month, Day, Year)
   Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? □ Yes ☑ No □
   Face Value of Each Ticket/Pass $ 200
   Event Description Shawn Mendes: Illuminate World Tour
   Date(s) 07 / 11 / 17
   Ticket(s)/Pass(es) provided by agency? □ Yes □ No ☑
   If no: Golden State Warriors
   Name of Source Chan, Wilma
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role ☑ Other □ Income □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☑ Other □ Income □</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>Alameda Boys &amp; Girls Club, 1900 3rd St, Alameda, CA 94501</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>To inspire youth to reach full potential as productive, caring, responsible citizens</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I ha
   19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie ☑ Supervisor's Assistant 07.28.2017
   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: (510) 272-8693
   E-mail: sarah.oddie@acgov.org

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $________  $150
   Event Description: Earth, Wind, and Fire
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 07 / 12 / 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

      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
      Conscious Voices, 2700 International Blvd #22, Oakland, CA 94601
      2
      To reward a school or nonprofit organization for its contributions to the community
      Addressing mental health needs for African American communities

4. Verification
   I hereby certify that the distribution set forth above is in accordance with the requirements.
   Sarah Oddie
   Supervisor's Assistant
   07.28.2017

   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**
- **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**: J. Cole
- **Face Value of Each Ticket/Pass $**: 150
- **Date(s)**: 07 / 14 / 17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no: Golden State Warriors**
- **Name of Source**: Chan, Wilma
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒

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

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</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>Haile, Yoel</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSAL, 16378 E. 14th Street San Leandro, CA 94578</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Activities for children and youth in unincorporated Alameda County</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification
- **Signature of Agency Head or Designee**: Sarah Oddie
- **Supervisor's Assistant**: 07.28.2017
- **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)
   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 J. Cole
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Golden State Warriors
   Name of Source
   If no: Chan, Wilma
   Official’s Name (Last, First)
   Face Value of Each Ticket/Pass $150
   Date(s) 07 / 15 / 17
   Wes ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

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

   Ceremonial Role ☐ Other ☐ Income ☐
   (if checking “Ceremonial Role” or “Other” describe below:

   Ceremonial Role ☐ Other ☐ Income ☐
   (if checking “Ceremonial Role” or “Other” describe below:

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

   SLZ Foundation, PO Box 133 San Lorenzo, CA 94580
   4 To reward a school or nonprofit organization for its contributions to the community

   Youth Football, Cheer, Dance & Mentoring program

4. Modification

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

   Signature of Agency Head or Designee Sarah Oddie
   Supervisor’s Assistant Print Name
   Title 07.31.2017
   (Month, Day, Year)

   Comment:
## Agency Report of:

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

### 1. Agency Name
Alameda County

Board of Supervisors

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

Area Code/Phone Number | 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** Lionel Richie + Mariah Carey

- **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 $** $400

- **Date(s)** 07 / 21 / 17

- **If no: Golden State Warriors**

- **Name of Source** Chan, Wilma

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

### 3. Recipients

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

#### A. Name of Agency, Department or Unit
<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></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</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>Bay Area Black Worker Ctr, 436 14th St., 5th floor, Oakland, CA 94612</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 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* 

**07.31.2017**
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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 $ __________

$400

Event Description Lionel Richie + Mariah Carey

Provide Title/Explanation

Date(s) 07 / 21 / 17

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

If no: Golden State Warriors

Name of Source

If yes: Chan, Wilma

Official's Name (Last, First)

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

3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td></td>
<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>Oakland Food Policy Council, 1000 Broadway, Oakland, CA 94607</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Food justice advocacy in low-income and racial minority communities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have visions 18644.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie

Supervisor's Assistant 07.31.2017 (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ 10
Event Description Bay Area Black Expo
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ Date(s) 07 / 23 / 17
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hughes, Ashley</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>Richardson-Baker, Sarah</td>
<td>2</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

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

Sarah Oddie  Supervisor's Assistant  07.31.2017
Print Name  Title  (Month, Day, Year)

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

### 1. Agency Name
- **Alameda County**
- **Division, Department, or Region (If Applicable):** Board of Supervisors
- **Designated Agency Contact (Name, Title):** 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:** Oakland A's vs Atlanta Braves
- **Face Value of Each Ticket/Pass:** $25
- **Date(s):** 07/01/17, 07/02/17
- **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.**

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

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda Creek Alliance</td>
<td>4</td>
<td>To reward a nonprofit organization for its contributions to the community and ecosystems within the Alameda Creek watershed as much as possible given modern constraints.</td>
</tr>
</tbody>
</table>

### 4. Verification
- **Gabriela Christy**  
  - **Supervisor's Assistant**  
  - **(Month, Day, Year):** 7/27/2017

**Comment:**

---

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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. Chicago
   Date(s) 07/03/17 07/04/17
   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>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>Alameda Creek Alliance D.O.BOX2426N115S,CA 94534</td>
<td>4</td>
<td>– To reward a nonprofit organization for its contributions to the community and ecosystems within the Alameda Creek watershed as much as possible given modern constraints.</td>
</tr>
</tbody>
</table>

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

   Comment: ____________________________________________

   Signature: ____________________________  Signature: ____________________________
   Print Name: Gabriela Christy  Title: Supervisor’s Assistant

   Date: 04/27/2017 (Month, Day, Year)

   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 $ 90/20
Event Description Oakland A’s vs Atlanta Braves
Date(s) 07 / 02 / 17
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)

3. Recipients
* Use Section 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 | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
--- | --- | ---
St Rose Hospital Foundation | 18/8 | To reward a nonprofit organization for its contributions to the community
The St. Rose Hospital Foundation helps St. Rose Hospital carry out its mission by raising the necessary resources needed to meet the hospital's current and future needs.

4. Verification

I, Gabriela Christy, Supervisor's Assistant, certify that the information provided is true and complete.

Print Name Gabriela Christy
Title Supervisor's Assistant
Date 07/27/77
(Full, Day, Year)

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Oakland A's vs Chicago White Sox
   Face Value of Each Ticket/Pass $ 80/20
   Date(s) 07 / 05 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   If yes: Valie, 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
      Alameda Labor Council
      250 Paradise Street
      18/3
      The mission of the Alameda Labor Council, AFL-CIO is to improve the lives
      of working families—to bring economic justice to the workplace and social justice to our communities and the nation.

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
   Title
   Date (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ 80/20
Event Description Oakland A’s vs Tampa Bay Rays
Provide Title/Explanation Date(s) 07/17
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

3. Recipients
* Use Section 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>Union City Lions Club 34009 Alvarado Nite</td>
<td>18/3</td>
<td>To reward a nonprofit organization for its contributions to the community, help provide neighbors, and the world, with eyeglasses, hearing aids, eye surgeries, kids summer camps, reading help, student scholarships, vocational and life skills training, disaster relief, drug</td>
</tr>
</tbody>
</table>

4. Verification
I, Gabriela Christy, Supervisor’s Assistant, verify this is in accordance with the requirements.

Gabriela Christy
Print Name

5/23/17

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Oakland A’s vs Minnesota Twins
   Face Value of Each Ticket/Pass $ 90/20
   Date(s) 07 / 30 / 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:

   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
      Hispanic Community Affairs Council
      P.O. Box 3151 Hayward, CA
      18/3
      To reward a nonprofit organization for its contributions to the community
      Mission is to promote the value of education, cultural diversity, and community involvement.

4. Verification
   I have ☐ 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:
## 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**: Oakland A's vs Cleveland Indians
**Date(s)**: 07 / 14 / 17  07 / 15 / 17
**Ticket(s)/Pass(es)** provided by agency? Yes ☐  No ☑
**Name of Source**: Valley, 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>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremonial Role ☐  Other ☐  Income ☐</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization
<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Paths 2230 Fothill Blvd, Alameda, CA 94505 44 Family Paths</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Family Paths strengthens family relationships by providing mental health treatment and supportive services with respect, integrity, compassion, and hope.</td>
<td></td>
</tr>
</tbody>
</table>

### Verification
Gabriela Christy  Supervisor’s Assistant  [Signature and Title]
(Print Name  Title  (Month, Day, Year))

Comment:  

---

1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Agency Report of:
Ceremonial Role 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 $25
Event Description Oakland A’s vs Tampa Bay Rays
Provide Title/Explanation
Date(s) 07 / 17 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A’s
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

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

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

C. Name of Outside Organization
(include address and description)
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency’s policy
Family Paths
22320 Foothill Blvd #400, Hayward, CA 2
To reward a nonprofit organization for its contributions to the community
Family Paths strengthens family relationships by providing mental health treatment and supportive services with respect, integrity, compassion, and hope.

4. Verification
I, ____________________________ [Signature]
[Print Name]
[Title]
(Month, Day, Year)

Comment:

Gabriela Christy
Supervisor’s Assistant

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

1. Agency Name
   Alameda County
   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: Oakland A’s vs Tampa Bay Rays
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $25
   Date(s) 07/18/17 07/19/17

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

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

   B. Name of Individual
      (Last Name)
      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
      FESCO
      21455 Birch street #5 Hayward, CA
      4
      To reward a nonprofit organization for its contributions to the community
      mission is to support homeless families
      as they move from crisis to stability,
      end their homelessness, and find a place called home.

4. Verification
   I, Gabriela Christy, have verified that the distribution set forth above, is in accordance with the requirements.
   Print Name: Gabriela Christy
   Supervisor’s Assistant: Z
   Title: Z
   (Month, Day, Year) 07/27/17
   Comment: ____________
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 Minnesota Twins
Date(s) 07 / 28 / 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.

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

B. Name of Individual
(name)
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
FESCO
21455 Birch street #5 Hayward, CA
2
To reward a nonprofit organization for its contributions to the community
mission is to support homeless families as they move from crisis to stability,
end their homelessness, and find a place called home.

4. Verification
I, ______________________, declare under penalty of perjury under sections 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
(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

**2. Function or Event Information**

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

**Event Description**
Oakland A's vs Minnesota Twins

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

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

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

**Date(s)** 07 / 29 / 17 07 / 30 / 17

**Name of Source**

**Official’s Name (Last, First)**

**3. Recipients**

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>American Cancer Society Relay for Life of Newark 35501 Cedar Blvd Newark</td>
<td>4</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

**4. Verification**

I have

[Signature]

Gabriela Christy  Supervisor’s Assistant

Print Name  Title

(Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County
   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 [x] No [ ]
   Face Value of Each Ticket/Pass $ 25
   Event Description Oakland A's vs Cleveland Indians
   Date(s) 07 / 16 / 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: 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
      One Justice
      433 California St #815, San Francisco
      2
      To reward a nonprofit organization for its contributions to the community
      OneJustice has been working to expand legal help for Californians in need.

4. Verification
   "I, [ ] 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:
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 Oakland A's vs Chicago White Sox
   Face Value of Each Ticket/Pass $ 25
   Date(s) 07 / 05 / 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
   Official's Name (Last, First)

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

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

   | B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   |-------------------------------------|-----------------------------|-----------------------------------------------------------------|
   | Banks, Karen                        | 2                          | Ceremonial Role ☐ Other ☐ Income ☐
   |                                      |                             | To reward a community volunteer for her service to the public |
   |                                      |                             | Ceremonial Role ☐ Other ☐ Income ☐
   |                                      |                             | If checking "Ceremonial Role" or "Other" describe below: |

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

4. Verification
   I, __________________________, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Gabriela Christy
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)
   04/27/17

Comment:
### 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: Oakland A's vs Minnesota Twins  
   - 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): 07/29/17

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

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

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

   **B. Name of Individual**

   | 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>Hernandez, Denisse</td>
<td>3</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</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**

   14.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Gabriela Christy  
   Supervisor's Assistant  
   Print Name  
   Title  
   Date: 07/27/17

   Comment: ____________________________

---

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Gabriela Christy
   E-mail: Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Oakland A's vs SF Giants
   Date(s): 07 / 31 / 17
   Face Value of Each Ticket/Pass $ 25
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source: Oakland A's
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Name of Source: Valle, Richard- Supervisor District 2

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

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

   B. Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:
   McGee, Jim | 2 | 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
   [Blank]

4. Verification
   I, 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): 07/27/17
## 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):**
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**
Iron Maiden

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)**

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

150

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

### 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.

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

### 4.

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]

Print Name: Gabriela Christy

Supervisor's Assistant Title: [Title]

(Month, Day, Year): [Date]

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** $200  
- **Event Description** Shawn Mendez  
  **Provide Title/Explanation**  
- **Date(s)** 07 / 11 / 17  
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]  
- **If no:** Golden State Warriors  
  **Name of Source**  
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]  
  **If yes:** Valle, Richard- Supervisor District 2  
  **Official’s Name (Last, First)**  

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

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

| Name of Individual | Number of Tickets/Pass(es) | Identify one of the following:  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nate, Glenn</td>
<td>4</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public</td>
</tr>
</tbody>
</table>

- **C. Name of Outside Organization**  
  **(Include address and description)**  
- **Number of Tickets/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 Tickets/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
44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  
**Signature of Agency Head or Designee**  
Gabriela Christy  
**Print Name**  
Supervisor’s Assistant  
**Title**  
04/27/17  
**(Month, Day, Year)**  

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

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

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description** Earth, Wind, & Fire and CHIC feat. Nile
- **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) 07 / 12 / 17**
- **If no: Golden State Warriors**
- **If yes: Valle, Richard- Supervisor District 2**

#### 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**

<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>Southard, Sylvia</td>
<td>2</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>Sustachek, Gretchen</td>
<td>2</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>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]

  [Print Name]

  [Title]

  [Date]

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 J. Cole
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)
Face Value of Each Ticket/Pass $ 150
Date(s) 07 / 14 / 17 07 / 15 / 17

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

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

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

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

4. Verification
I have

Signatory Agency Head or Designee

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
   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 $ 400
   Event Description Lionel Richie and Very Special Guest M
   Provide Title/Explanation
   Date(s) 07/21/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

3. Recipients
   • Use Section A to identify the agency’s department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

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

   Parra, Alejandro
   Ceremonial Role ☐ Other ☒ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   - To reward a community volunteer for his service to the public

   Gutierrez, Sylvia
   Ceremonial Role ☐ Other ☒ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   - To reward a community volunteer for her service to the public

   C. Name of Outside Organization (include address and description) 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
   Print Name Title
   (Month, Day, Year)

Comment:

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

Designated Agency Contact: Vener Bates, Supervisor's Assistant

Area Code/Phone Number: 925-551-6995
E-mail: vener.bates@acgov.org

1. Agency Name

Division, Department, or Region (if applicable)

Board of Supervisors

2. Function or Event Information

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

Event Description: Alameda County Fair

Face Value of Each Ticket/Pass $15.00

Date(s) 6/16/17 7/9/17

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

If no: Alameda County Fair

If yes: Haagerty, Scott

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

3. Recipients

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

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

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

Martel Green | 10 | Ceremonial Role ☐ Other ☒ Income ☐

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

To reward a community volunteer for his service to the public

Tim Sbranti | 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)/Passes | 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.

Vener Bates

Supervisor's Assistant

Print Name: Supervisor's Title: July 7, 2017

Comment:
### 3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laura Winter</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>Nat Piazza</td>
<td>10</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>Lori Baptista</td>
<td>10</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>Emily Carpizo</td>
<td>7</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)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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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)
   Vener Bates, Supervisor's Assistant

   Area Code/Phone Number
   925-551-6995

   E-mail
   vener.bates@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 15.00

   Event Description: Alameda County Fair

   Date(s) 6 / 16 / 17

   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Alameda County Fair Association

   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Haggerty, Scott

3. Recipients
   * Use Section 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)/Passes
      Describe the public purpose made pursuant to the agency's policy

      Assessor's Office
      26
      To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue

      Treasurer-Tax Collector
      30
      To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue

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

      Mary Alice Fallings
      4
      To reward a community volunteer for his or her service to the public

      Mark Bernardin
      6
      To reward a community volunteer for his or her service to the public

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Passes
      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.

   Vener Bates
   Supervisor's Assistant
   July 5, 2017

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

Agency Name  
Alameda County

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Services Agency</td>
<td>50</td>
<td>To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Sheriff's Department</td>
<td>26</td>
<td>To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Department of Child Support Services</td>
<td>16</td>
<td>To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Public Works</td>
<td>48</td>
<td>To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>
| Jerry Morrow                        | 3                         | 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 |
| Mel Luna                            | 10                        | Ceremonial Role  
|                                     |                           | Other  
|                                     |                           | Income  
|                                     |                           | If checking "Ceremonial Role" or "Other" describe below:  
|                                     |                           | To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue from parking and concession sales. |
| Val Bettencourt                     | 8                         | 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 |
| Gloria Olson                        | 10                        | 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 |

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</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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<tr>
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</table>

FPPC Form 802 (2/2016)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Briana Brown

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

□ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $15

Event Description Alameda County Fair

Provide Title/Explanation

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

Date(s) 6 / 16 / 17 7 / 9 / 17

If no: Alameda County Fair Association

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>
</table>

<table>
<thead>
<tr>
<th>Name of individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role Other ☑ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doreen Flores 6DL+2pp</td>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev</td>
</tr>
</tbody>
</table>

<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.

Briana Brown

Supervisor’s Assistant

7/10/17 (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 28
   Event Description Alameda County Fair
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 6 / 16 / 17 7 / 9 / 17
   If no: Alameda County Fair Association
   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. Department/Program/Unit
      Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
      BOS D.5 2GP* To reward a County employee for his or her exemplary service to the public or to encourage staff development;
      2VIP pp

   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 ☐
      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 Head or Designee: Briana Brown Supervisor's Assistant
   Date of Original Filing: 7/10/17 (Month, Day, Year)
   Comment: *Guest Pass

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

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

Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 90/8080
   Event Description A's Baseball
   Date(s) 07 / 29 / 17
   08 / 17 / 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
   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>Ceremonial Role ☐ Other ☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOS District 5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Identify one of the following:
   Ceremonial Role ☐ Other ☑ Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐

4. Verification
   I, [Signature], the Agency Head or Designee, hereby certify that the distribution set forth above is in accordance with the requirements.

   Briana Brown
   Supervisor’s Assistant
   June 10

Comment: 2 Field Tickets

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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)
   Lee Ann Ferguson, Supervisor's Assistant

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

2. Function or Event Information
   Yes ☐ No ☐面子 Value of Each Ticket/Pass $ 33.00
   Date(s) 2.29.17
   Event Description Baseball
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Name of Source
   Oakland Athletics
   Alameda County Supervisor Scott Haggerty, D-1
   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 on individual. Use Section C to identify an outside organization.

   A. Department/Agency Name and Identification Number

   B. Recipient Name

   Rhiannon Eddy

   C. Commercial Role

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

4. Certification

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

   Lee Ann Ferguson, Supervisor's Assistant
   7-30-17

Comment:

 Lee Ann Ferguson
 Supervisor's Assistant
 Title

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

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Supervisor’s Assistant
Area Code/Phone Number (610) 272-6691
E-mail leeann.fergersen@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $9000
Event Description Baseball
Date(s) 7.29.17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Oakland Athletics
Name of Succeeding
Identity of the Event: Alameda County Supervisor Scott Haggerty, D1
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. 

B. 

C. 

Derek Eddy 2
To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

4. Verification
Officer of Agency Head or Designee Lee Ann Fergerson
Supervisor’s Assistant
I have verified that the distribution set forth above, is in accordance with the requirements.

7-30-17

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Agency Report of:**

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

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - Lee Ann Ferguson, Supervisor's Assistant
   - (510) 272-6691
   - E-mail: leaann.fergerson@acgov.org

2. **Function or Event Information**
   - Do the agency have a ticket policy? [ ] Yes [ ] No
   - Event Description: ED SHEERAN
   - Face Value of Each Ticket/Pass: $400.00
   - Date(s): 06/21/17
   - Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No
   - If yes: [ ]
   - Name of Source: GSW
   - Name of Recipient: Alameda County Supervisor Scott Haggerty, D1
   - Whether 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.**
   - **B.**
     - Bob Vance
     - Quantity: 4
     - To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

4. **Verification**
   - I, Lee Ann Ferguson, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   - Date: 07-31-17
   - Signature of Agency Head or Designee: [Redacted]
   - Comment: [Redacted]
Agency Report of:
Ceremonial Role 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 leann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? 
   Yes ☐ No ☑
   Event Description Kines Summer Jam
   Date(s) 6/17
   Ticket(s)/Pass(es) provided by agency? 
   Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? 
   No ☐ Yes ☑
   Face Value of Each Ticket/Pass $150.00
   If yes: Alameda County Supervisor Scott Haggerty, D-1
   Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.
   A. Number of Agency, Department, or Unit
   B. Number of Ticket/Pass
   C. Description of the public interest that the agency's policy

   Barbara Teixeira 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:

   Signature of Agency Head or Designee
   Lee Ann Ferguson
   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)
   Lee Ann Fergerson, Supervisor’s Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ 33.00
   Event Description Baseball
   Date(s) 7.31.17
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Oakland Athletics
   Name of Source Alameda County Supervisor Scott Haggerty, D1
   Was ticket distribution made at the behest of agency official? Yes □ No □

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

   A. Name of Agency, Department or Unit
   B. Name of Individual
   C. Name of Outside Organization
   Number of Tickets/Passes
   Description of Public Benefit made pursuant to the agency’s policy
   Ceremonial Role □ Other □ Income □
   I certify that the public benefit described above is consistent with the agency’s policy.

4. Signature
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Supervisor’s Assistant
   Title
   Date 8-1-17

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Lionel Richie
   Face Value of Each Ticket/Pass $ 400.00
   Date(s) 7/21/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, D1
   Official's Name (Last, First)

3. Recipients
   - Use Section 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>Recipient Name</th>
<th>Recipient Position</th>
<th>Relationship to Event/Purpose of Ticket/Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhonda Haggerty</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>

   Ceremonial Role ☐ Other ☐ (Indicate)
   If checking "Ceremonial Role" or "Other" describe below:

Comment: 1954-4 and 1994-2. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson
Supervisor's Assistant

FPPC Form 802 (4/12)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/325-7632)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 35.00
   Event Description Baseball
   Date(s) 7/31/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source Alameda County Supervisor Scott Haggerty, D1
   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 Identified Recipient
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy.
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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

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

   Signature of Agency Head or Designee
   Lee Ann Fergerson
   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)
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 $30.00
Date(s) 7/19/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no, Name of Source Oakland Athletics
Wes ticket distribution made at the behest of agency official? Yes ☐ No ☐
If yes, Alameda County Supervisor Scott Haggerty, D1
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Position</th>
<th>Relationship to the Agency Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mel Luna</td>
<td></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>

Ceremonial Role ☐ Other ☐ Income ☐

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

4. [Blank]

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

Lee Ann Fergerson, Supervisor's Assistant

Signature of Agency Head or Designee

Title

Date (Month, Day, Year) 7/20/17

Comment

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

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

**1. Agency Name**
Alameda County

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

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

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

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

**Face Value of Each Ticket/Pass $**
38.00

**Date(s)**
7-19-17

**Event Description**
Baseball

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

**If yes:**
Oakland Athletics

**Official's Name (Last, First)**
Alameda County Supervisor Scott Haggerty, D 1

---

**2. Function or Event Information**

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

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

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

---

**3. Recipients**

- **A.**
  - Name of Recipient
  - Nat Piazza
  - [ ] To reward a community volunteer for his or her service to the public

- **B.**
  - [ ] Other

- **C.**
  - [ ] Commercial Role

**Comment:**

---

**4. Verification**

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

Lee Ann Ferguson
Supervisor's Assistant

(510) 272-8691

FPPC Toll-Free Helpline: 888/ASK-FPPC (888) 275-3772
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leeann.fergerson@acgov.org
   Date Stamp
   California Form 802
   Per Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $100.00
   Event Description: Baseball
   Provide Title/Explanation
   Date(s): 6/18/17
   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
   * Use Section 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 Invited: 
   Description of purpose/purpose in accordance with the agency's policy:
   B. Name: Norbert & Zoraida Velez, Chris Velez & Family, Michael Velez & Family
   Number Ticketed: 18/3
   Description of purpose/purpose in accordance with the agency's policy:
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
   Ceremonial Role ☐ Other ☐
   If checking "Ceremonial Role" or "Other" describe below:
   C. Name of Outside Organization/Individual: 
   Number Ticketed: 
   Description of purpose/purpose in accordance with the agency's policy:

4. Verification
   I declare under penalty of perjury under both Section 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson 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)
In the Mail 6/14

Ceremonial Role 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/Phon Number    Email
   (510) 272-6691    leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description A's Baseball
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $80.00
   Date(s) 6/27/17
   Name of Source Oakland Athletics
   Men's/Women's Source
   If yes: Alameda County Supervisor Scott Haggerty, D1
   Off-Duty Status (Last, First)

3. Recipients
   A. Name/Agency/Organization to Unit: Nonprofit Organization
      Address: Sunflower Hill
      P.O. Box 11436
      Pleasanton, CA 94588
      18/4
      To reward a school or non-profit organization for its contributions to the community

4. Verification
   Lee Ann Ferguson  Supervisor's Assistant
   6/17/17
   Signature of Agency Head or Designee

Comment: Supplemental Funds to further their mission of creating a welcoming community for individuals with special needs
Agency Report of:
Ceremonial Role 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 (610) 272-8691
   E-mail leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $33.00
   Event Description Baseball
   Date(s) 7/17/17
   If no 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 ☐ 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/Unit ____________________________ Number of Tickets Provided __________
      Designated Public Purpose Alternative to the Agency's Policy ____________________________

   B. Name of Individual ____________________________ Number of Tickets Provided __________
      Description of Public Purpose in 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 ____________________________ Number of Tickets Provided __________
      Description of Public Purpose in Following: ____________________________

4. Verification
   I, Lee Ann Fergerson, Supervisor's Assistant, certify under penalty of perjury that the information set forth above is true and correct to the best of my knowledge.
   Signature of Agency Head or Designee ____________________________
   Date 7-17-17

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann 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) 7-17-19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
If yes: Alameda County Supervisor Scott Haggerty, D 1

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

A. Name/Contact Information
   | Number of
   | Ticket(s) |
   | Purpose |

B. Name/Contact Information
   | Number of
   | Ticket(s) |
   | Purpose |
   | Ceremonial Role ☐ Other ☐ Income ☐
   | If checking "Ceremonial Role" or "Other" describe below:
   | Derek Bigler 7
   | To promote attendance at a county sponsored event in order to maximize potential county revenue for concessions and parking sales.

C. Name/Contact Information
   | Number of
   | Ticket(s) |
   | Purpose |

4. Verification
I, Lee Ann Fergerson, Supervisor’s Assistant, certify under penalty of perjury under the laws of the State of California that the information set forth above is true and correct.
Print Name
Lee Ann Fergerson
Title
7-17-19
(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)
   Lee Ann Fergusson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leaann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 33.00
   Event Description Baseball
   Date(s) 7-16-17
   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 ☐
   Alameda County Supervisor Scott Haggerty, D 1
   Official's Name (Last, First)

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

   A. Name of Agency Department Unit ☐
      Number Invited ☐
      Number Attended ☐
      Describe the purpose of the event in accordance with the agency's policy ☐

   B. Name of Individual ☐
      Number Invited ☐
      Number Attended ☐
      Identity翁同和 to Savings ☐
      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 (Include Address and Contact Info) ☐
      Number Invited ☐
      Number Attended ☐
      Purpose of ticket distribution to the Event ☐

4. Verification
   Date 7-17-17
   Signature of Agency Head or Designee
   Lee Ann Fergusson
   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)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-5691
   E-mail leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 33.00
   Event Description Baseball
   Date(s) 7/15/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Where of Source Alameda County Supervisor Scott Haggerty, D 1
   Was ticket distribution made at the behest of agency officer? No ☐ Yes ☐
   If yes: [Name of Supervisor]

3. Recipients
   * Use Section 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 | Describe the purpose this distribution pursuant to the agency's policy |
   |--------------------------------|----------------------|-----------------------------------------------------------------
   |                                |                      |                                                                  |

   **B. **
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
   Ceremonial Role ☐ Other ☐ Income ☐

   **C. **
   **D. **

4. Verification
   I, Lee Ann Fergerson, Supervisor's Assistant, certify under penalty of perjury under section 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Designated Agency Contact
   Signature of Lee Ann Fergerson
   Supervisor's Assistant
   Title
   Date 7/17/17

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

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

Area Code/Phone Number E-mail
leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Event Description
Provide Ticket/Pass
Ticket(s)/Pass(es) provided by agency? Yes □ No □

Face Value of Each Ticket/Pass $ 33.00
Date(s) 7.14.17
If no: Oakland Athletics
Name of Source
Alameda County Supervisor Scott Haggerty, D 1
Officials 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.

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

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

4. Verification

Signature of Agency Head or Designee Lee Ann Fergerson
Supervisor's Assistant □
Title □

Comment:

PPCC Form 602 (4/12)
PPCC Toll-Free Helpline 866/ASK-PPCC (866/275-7772)
Agency Name:
Alameda County
Division, Department, or Region (If Applicable):
Board of Supervisors
Delegated Agency Contact (Name, Title):
Lee Ann Ferguson, Supervisor's Assistant
Area Code/Phone Number:
(510) 272-6691
E-mail:
leeann.fergerson@acgov.org

A Public Document
California Form 802
For Official Use Only

Data Stamp

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

2. Function or Event Information

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

Event Description:
J. Cole

Face Value of Each Ticket/Pass:
$150.00

Date(s):
7/15/17

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:
Alameda County Supervisor Scott Haggerty, D-1

Official’s Name (Last, First):

3. Recipients

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

A. Department, Division, or Unit:
Board of Supervisors
District 5

Recipient(s)
4

Description of Public Benefit and Relationship to the Agency’s Policy:
To reward a County employee for his or her exemplary service to the public or to encourage staff development

Ceremonial Role ☐ Other ☐ Income ☐

B. Name of Individual:

Recipient(s)

Description of Public Benefit and Relationship to the Agency’s Policy:

Ceremonial Role ☐ Other ☐ Income ☐

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

C. Name of Organization:

Recipient(s)

Description of Public Benefit and Relationship to the Agency’s Policy:

Ceremonial Role ☐ Other ☐ Income ☐

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

4. Verification

I, Lee Ann Ferguson, Supervisor’s Assistant, do hereby certify that all information submitted is true and correct. This distribution is in accordance with the requirements of the Fair Political Practices Act, sections 18944.1 and 18942.

Lee Ann Ferguson
Supervisor’s Assistant

Signature of Agency Head or Designee

Print Name

Title

Date: (Month, Day, Year)

2-14-17

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Help Line: 855/ASK-FPPC (855/275-7772)
### 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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes [x] No [ ]
   - **Event Description:**
     - *Oakland A's Baseball*
   - **Date(s):**
     - 7-29-2017
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes [x] No [ ]
   - **Was ticket distribution made at the behest of agency official?**
     - Yes [x] No [ ]

3. **Recipients**
   - **A.**
     - **Name of Agency Department or Unit:**
       - GSA
     - **Number of Tickets or Passes:**
       - 19/3
     - **Description:**
       - To reward a county employee for his or her exemplary service to the public
   - **B.**
     - **Name and description:**
       - To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
   - **C.**
     - **Name of Second Organization:**
     - **Number of Tickets or Passes:**
     - **Description:**

4. **Verification**
   - **Signature of Agency Head or Designee:**
   - **Lee Ann Ferguson**
   - **Supervisor's Assistant:**
   - **Print Name:**
   - **Title:**

Comment:

---

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

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Lee Ann Fergerson, Supervisor's Assistant

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Event Description: Earth, Wind & Fire
   Face Value of Each Ticket/Pass $150.00
   Date(s) 7/12/17
   Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
   If no: GSW
   Was ticket distribution made at the behest of agency official?  Yes ☑ No ☐
   If yes: Scott Haggerty

3. Recipients
   · Use Section 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)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 5 Board of Supervisors</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>

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

   Signature of Agency Head or Designee

   Lee Ann Fergerson
   Supervisor's Assistant
   7-12-17
   (month, day, year)

   Comment:

   FPPC Form 802 (2/2016)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail gabiela.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
   Date(s) 6/16/17 7/9/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair
      Name of Source
   If yes: Valle, Richard
      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 General Services Agency
      Number of Ticket(s)/Pass(es) 15
      Describe the public purpose made pursuant to the agency’s policy
      To promote attendance at a County sponsored event/facility . . . . to maximize potential County revenue from parking and concessions

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es) 7
      Identify one of the following:
      Income ☐
      If checking ‘Ceremonial Role’ or ‘Other’ describe below:
      Ceremonial Role ☐ Other ☐

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

4. Verification
   Signature of Agency Head or Designee
   Gabriela Christy
   Supervisor’s Aide
   07/09/17
   Date
   Comment: ____________________________

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

**Agency Name**  
Alameda County

#### 3. Recipients

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

<table>
<thead>
<tr>
<th>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>Behavioral Health Care Services</td>
<td>8</td>
<td>To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concession</td>
</tr>
<tr>
<td>Fire Department</td>
<td>10</td>
<td>&quot;</td>
</tr>
<tr>
<td>Clerk of the Board</td>
<td>10</td>
<td>&quot;</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>
</table>

- 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>

- 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>

- Ceremonial Role 
- Other
- Income

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

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

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

---

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name/Title)
   Lee Ann Fergerson
   Area Code/Phone Number (510) 272-6691
   E-mail leean.fergerson@acgov.org
   Date Stamp
   California Form 802
   Amendment
   Date of Original Filing: 07/09/17
   (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
   Date(s) 6/16/17 7/9/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Alameda County Fair
   Name of Source
   If yes: Haggerty, Scott
   Official’s Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
      Information Technology Department
      Number of Ticket(s)/Pass(es) 14
      Describe the public purpose made pursuant to the agency’s policy
      To promote attendance at a County sponsored event/facility...to
      maximize potential County revenue from parking and concessions
      Assessor’s Office
      Number of Ticket(s)/Pass(es) 9

   B. Name of Individual
      Ceremonial Role ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      if checking "Ceremonial Role" or "Other" describe below:
      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, Lee Ann Fergerson, Supervisor's Assistant, certify that the distribution set forth above is in accordance with the requirements.
   Signature
   Date 07/09/17
   (Month, Day, Year)

Comment: 

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

*Use Section 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>General Services Agency</td>
<td>17</td>
<td>To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concession.</td>
</tr>
<tr>
<td>Fire Department</td>
<td>10</td>
<td>&quot;</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 “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>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ❑ Other ❑ Income ❑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

Date Stamp  California Form 802
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2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $318.50
Event Description Basketball Game
Date(s) / / /
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Miley, Nate
Official's Name (Last, First)

3. Recipients

<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>Jackson, Robert</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>Campos, Fernando</td>
<td>4</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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 am aware of the California Fair Political Campaign Practices (FPPC) Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Anna Gee Executive Assistant
Print Name Title
7/5/17
(Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number E-mail
   (510) 272-6694 anna.gee@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
   Date(s) 6 / 16 / 17 7 / 9 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Alameda County Fair
   Name of Source
   If yes: Miley, Nathan
   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>Assessor's Office</td>
<td>11</td>
<td>To promote attendance at a County sponsored event/facility to maximize potential County revenue from parking and concessions</td>
</tr>
<tr>
<td>Social Services Agency</td>
<td>5</td>
<td>To promote attendance at a County sponsored event/facility to maximize potential County revenue from parking and concessions</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>Ceremonial Role ☑ Other ☐ Income ☐</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>
</table>

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

   Anna Gee
   Operations Chief
   (Month, Day, Year)

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

Agency Name
Alameda County

3. Recipients

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

<table>
<thead>
<tr>
<th>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>ITD</td>
<td>45</td>
<td>To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concessions</td>
</tr>
<tr>
<td>Behavioral Health Care Services</td>
<td>8</td>
<td>&quot;</td>
</tr>
<tr>
<td>Clerk of the Board</td>
<td>8</td>
<td>&quot;</td>
</tr>
<tr>
<td>General Services Agency</td>
<td>7</td>
<td>&quot;</td>
</tr>
</tbody>
</table>

B. A. Name of Individual Agancy

<table>
<thead>
<tr>
<th>Name of Individual Agancy</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Department</td>
<td>10</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking 'Ceremonial Role' or 'Other' describe below.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concessions</td>
</tr>
<tr>
<td>Treasurer-Tax Collector's Office</td>
<td>6</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking 'Ceremonial Role' or 'Other' describe below.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concessions</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>
</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

## Date Stamp

### California Form 802
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- **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** Baseball Game
**Face Value of Each Ticket/Pass** $75
**Date(s)** 6-2-17 6-3-17
**Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
**If no:** Oakland Athletics
**Name of Source**
**Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐
**If yes:** Miley, Nate
**Official’s Name (Last, First)**

## 3. Recipients

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

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

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

**B. Name of Individual**

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

**Identify one of the following:**

- Ceremonial Role
- Other
- Income

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

**C. Name of Outside Organization**

United Seniors of Oakland & Alameda County
7200 Bancroft Ave #251
Oakland, 94605

**SENIOR ADVOCACY**

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

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

To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.

## 4. Verification

**Signature of Agency Head or Designee**

**Anna Gee**
**Executive Assistant**
**Print Name**
**Title**

**Comment:**

8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Date:** 7-17-17

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/287-3772)
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)
   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 $39
   Date(s) 6/4/17 6/5/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></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>
</table>
| United Seniors of Oakland & Alameda County
  7200 Bancroft Ave #251
  Oakland 94605                                                  | A                           | To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services. |

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee
   Executive Assistant
   Date: 6/7/17
   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)
   - 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**
   - **Face Value of Each Ticket/Pass** $32
   - **Date(s)** 6/6/17, 6/7/17
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
   - **Name of Source**
     - Oakland Athletics
     - **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. **Verification**
   - **I have verified that the distribution set forth above, is in accordance with the requirements**
   - **Signature of Agency/Board/Divisionee**
   - Anna Gee
   - **Date** "7/17/17"

---

Comment: __________________________

---

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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agencies Event / Ticket/Pass Distributions

1. Agency Name
   Alameda County
   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: Oakland Athletics Baseball Game
   Date(s): 04/15/17, 06/16/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

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

4. Verification
   Anna Gee
   Executive Assistant
   Date 7/7/17
   Comment: United Seniors received 4/15/17 by Skybox, the Felder received 4/17/17.
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Anna Gee
Area Code/Phone Number 510-891-5585
E-mail anna.gee@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 $ 33
Event Description Baseball Name
Provide Title/Explanation
Date(s) 6/17/17
6/18/17
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)
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

3. Recipients

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

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

B. Name of Individual Name 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
(Include address and description)
United Seniors of Oakland & Alameda County
7200 Bancroft Ave #251
Oakland 94605
SENIOR ADVOCACY

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

Signature of Agency Head or Designee
Anna Gee
Print Name
Executive Assistant
Date 7/17/17
(Month, Day, Year)

Comment: 

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 33
Event Description Baseball Game
Provide Title/Explanation
Date(s) 6/19/17 6/20/17
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

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

4. Verification

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

Anna Gee
Print Name
Executive 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)
   Anna Gee
   Area Code/Phone Number 510-891-5585
   E-mail anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No □
   Event Description *Baseball Game*
   Face Value of Each Ticket/Pass $ 33.90
   Date(s) 6.21.17 6.22.17
   If no: Oakland Athletics
   Name of Source
   If yes: Miley, Nale
   Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following: To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spencer, Michael</td>
<td>2</td>
<td>Income □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women on the Way to Recovery: 2012 Hayward Ave. Hayward, 94541</td>
<td>20</td>
<td>To reward a non profit for their contribution to the public</td>
</tr>
</tbody>
</table>

4. Verification
   I have verified that the distribution set forth above, is in accordance with 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)
   Anna Gee
   Area Code/Phone Number 510-891-5585
   E-mail anna.gee@acgov.org
   Face Value of Each Ticket/Pass $33
   Date(s) 6/30/17
   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 ☑
   Name of Source Oakland Athletics
   Official’s Name (Last, First) Miley, Nate

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

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)
      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
      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. I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee Executive Assistant
   Print Name
   (Month, Day, Year) 7/17/17

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td></td>
</tr>
<tr>
<td>Division, Department, or Region</td>
<td></td>
</tr>
<tr>
<td>(If Applicable)</td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact</td>
<td></td>
</tr>
<tr>
<td>(Name, Title)</td>
<td></td>
</tr>
<tr>
<td>Anna Gee</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
</tr>
<tr>
<td>510-891-5585</td>
<td><a href="mailto:anna.gee@acgov.org">anna.gee@acgov.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
<td>Yes ☑ No □</td>
</tr>
<tr>
<td>Event Description</td>
<td>Dinkleday Game</td>
</tr>
<tr>
<td>Provide Title/Explanation</td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes □ No ☑</td>
</tr>
<tr>
<td>If no:</td>
<td>Golden State Warriors</td>
</tr>
<tr>
<td>If yes:</td>
<td>Miley, Nate</td>
</tr>
<tr>
<td>Official's Name (Last, First)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recipients</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Name of Agency, Department or Unit</td>
<td>Number of Ticket(s)/Pass(es)</td>
</tr>
<tr>
<td>OOS District &amp; Staff</td>
<td>4</td>
</tr>
<tr>
<td>Describe the public purpose made pursuant to the agency's policy</td>
<td>To reward a county employee for their exemplary service to the public.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patt H. Linda</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saloski, Sierra</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe the public purpose made pursuant to the agency's policy</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>
<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>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4. Verification</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna Gee</td>
<td>Executive Assistant</td>
</tr>
<tr>
<td>Print Name</td>
<td>Title</td>
</tr>
<tr>
<td>(Month, Day, Year)</td>
<td></td>
</tr>
</tbody>
</table>

Comment: 

Signature of Agency Head or Designee: ____________________________
Print Name: ____________________________
(Title) (Month, Day, Year)

FFPC Form 802 (4/12)
FFPC Toll-Free Helpline: 866/ASK-FPPC (885/275-7772)
## Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

**Agency Name**
Alameda County

### 3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(e)s</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stark, David</td>
<td>2</td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td>Galinsky, James</td>
<td>2</td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td>Dones, Alan</td>
<td>2</td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td>Linton, Donna</td>
<td>2</td>
<td>Ceremonial Role</td>
</tr>
</tbody>
</table>

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(e)s |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<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)
   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 Alameda County Fair
   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 $15
   Date(s) 6/16/17 7/9/17
   If no: Alameda County Fair Association
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
          Official's Name (Last, First)

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

   A. Name of 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 revenue from parking

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

   Briana Brown  Supervisor's Assistant
   (Name) (Title)  7/10/17
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number (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 Alameda County Fair
   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 $ 15
   Date(s) 6 / 16 / 17 7 / 9 / 17
   If no: Alameda County Fair Association
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selena Agana</td>
<td>1+pp</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev</td>
</tr>
</tbody>
</table>

<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>AMOS Temple CME Church 1500 90th Street</td>
<td>10+2pp</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Ecology Center 2530 San Pablo Ave</td>
<td>10</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>

is 18844.1 and 18842. I have verified that the distribution set forth above, is in accordance with the requirements.

Briana Brown
Supervisor’s Assistant
7/10/17

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

Agency Name
Alameda County

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
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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 [ ] 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>
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<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>To reward a student for outstanding scholastic achievement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkeley NAACP P.O. Box 613</td>
<td>10</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></td>
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<tr>
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</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)  
Briana Brown  
Area Code/Phone Number (510)272-6695  
E-mail briana.brown2@acgov.org  
Date Stamp  
California Form 802  
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  
Event Description Alameda County Fair  
Provide Title/Explaination  
Date(s) 6/16/17 7/9/17  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☒  
If no: Alameda County Fair Association  
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) Describe the public purpose made pursuant to the agency's policy
B. Number of Ticket(s)/Pass(es)  
Name of Individual  
Barbara Taylor  
C. Number of Ticket(s)/Pass(es)  
Name of Outside Organization  
New Life Community Church Kids Life 3903 Broadway  
Center for Elders Independent 1955 San Senior services for ALCO residents  
Income ☐  
Ceremonial Role ☐ Other ☒  
To reward a community volunteer for his or her service to the public;  
Ceremonial Role ☐ Other ☐  
If checking "Ceremonial Role" or "Other" describe below:

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.

Briana Brown  
Print Name  
Supervisor's Assistant  
Title  
Date (Month, Day, Year)

Comment: DL= Directors Lounge  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

**Agency Name**
Alameda County

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

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bos 05</td>
<td>0+pp</td>
<td>To promote attendance at a county sponsored event.</td>
</tr>
<tr>
<td>Sheriff Dep</td>
<td>4+pp</td>
<td>To reward exemplary service to the public and county staff.</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>James Brown</td>
<td>2+pp</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue.</td>
</tr>
<tr>
<td>Mira Tellegen</td>
<td>2+pp</td>
<td>To reward a student for outstanding scholastic achievement.</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>ECAP, 3610 San Pablo- provide food housing</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>East Bay Refugee Forum Oakland Ca</td>
<td>5</td>
<td>To provide opportunities to those who are receiving services from County agencies consistent with the agency’s goals for the participants.</td>
</tr>
<tr>
<td>Berkeley Food &amp; Housing- 1901 Fairview Homeless service provider</td>
<td>5</td>
<td>To provide opportunities to those who are receiving services from County agencies consistent with the agency’s goals for the participants.</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)
   Briana Brown
   Area Code/Phone Number (510)272-6695
   E-mail briana.brown2@acgov.org
   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Alameda County Fair
   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 $ 15
   Date(s) 6/16/17 7/9/17
   If no: Alameda County Fair Association
   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 C to identify an outside organization.

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

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

   C. 
   Name of Outside Organization (Include address and description)
   Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
   South Berkeley Senior Center 2939 Ellis Street - provide Senior Services 20
   The Way Christian Center 1901 University - provide Spiritual leadership to 10

4. Verification
   I, Briana Brown, Supervisor’s Assistant 7/10/17
   comment: 
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

FPPC Form 802 (4/12)
Agency Name
Alameda County

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</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>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</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>True Vine Missionary Baptist Church 1125 West Street- Provide spiritual leade</td>
<td>10</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>West Oakland Health Council 700 Adeline Street - Provide Health Services</td>
<td>10</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und</td>
</tr>
<tr>
<td>Options Recovery 1931 Center St drug, alcohol treatment center</td>
<td>10</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>
<tr>
<td>Berkeley Daytime Drop-in Center 2218 Acton- services for homeless women &amp; c</td>
<td>15</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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 Alameda County Fair
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 6/16/17 7/9/17
   If no: Alameda County Fair Association
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)

3. Recipients
   A. Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      
      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
         North Berkeley Senior Center 1901 Hearst Street- Provide Senior Services 10
         To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals for the partic
         Pacific Center for Human Growth 2712 Telegraph -enhances self love in LGBTQ 10
         To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und

4. Verification
   Section 18944.1 and 18942. 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 Name
Alameda County

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

#### 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>
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</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>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
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<td>Ceremonial Role □ Other □</td>
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<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (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>Peter Pan Nursery School 4618 Allendale childcare</td>
<td>10</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>Positive Communication Practices 2627 57th Avenue-positive alternative for teen</td>
<td>10</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und</td>
</tr>
<tr>
<td>Prescott Joseph Resource Center 920 Peralta- Center for community service ed</td>
<td>10</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>
<tr>
<td>Progressive Baptist Church 3301 King- provide spiritual guidance to community</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>
Agency Name: Alameda County
Division, Department, or Region: Board of Supervisors
Designated Agency Contact: 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: Alameda County Fair
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: $15
Date(s): 6/16/17 7/9/17

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: Alameda County Fair
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: $15
Date(s): 6/16/17 7/9/17

3. Recipients
A. Name of individual
   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 ☐
     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
   Downtown Oakland Senior Center 200 Grand Ave. Provide services for Seniors 20
   Emeryville Senior Center 4321 Salem Street Provide services for seniors 20

4. Verification
   Briana Brown
   Supervisor's Assistant
   Print Name
   Title
   7/10/17
   Comment:
Agency Name
Alameda County

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

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

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

|                                    |                               | Ceremonial Role | Other | Income |
|                                    |                               |                 |       |        |
|                                    |                               |                 |       |        |
|                                    |                               |                 |       |        |
|                                    |                               |                 |       |        |

<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>First AME Church 530 37th provides spiritual guidance to d5 resident</td>
<td>20</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und</td>
</tr>
<tr>
<td>Healthy Oakland 2580 San Pablo promotes health awareness in low-incom</td>
<td>10</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und</td>
</tr>
<tr>
<td>Hidden Genius Project 519 17th St Suite 240- train &amp; mentor bik youth in Tech</td>
<td>10</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und</td>
</tr>
<tr>
<td>Mother Wright Foundation 3120 San Pablo- provide food clothing for</td>
<td>10</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und</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)
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 Alameda County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 06/16/17 7/9/17
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $ 15

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>
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<tr>
<th>Name of Agency/Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☑ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center of Emeryville Rec Dept; Teen Division 4300 San Pablo Ave</td>
<td>10</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>City Slicker Farms 1625 16th St</td>
<td>10</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
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<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
<td>Center of Emeryville Rec Dept; Teen Division 4300 San Pablo Ave</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>City Slicker Farms 1625 16th St</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

4. Verification

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

Comment:

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

Agency Name
Alameda County

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonita House 6333 Telegraph Ave Suite 102</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>BOSS 1918 University Ave #2A</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Catholic Charities 433 Jefferson Street</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Center for Independent Living 2539 Telegraph Ave</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $15
   Event Description Alameda County Fair
   Provide Title/Explanation
   Date(s) 06/16/17 07/9/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair Association
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith - Supervisor District 5
   Official’s Name (Last, First)

3. Recipients
   • Use Section A to identify the agency’s department or unit.
   • Use Section C to identify an outside organization.
   • Use Section B to identify an individual.
   A. Officially Authorized 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
      ——— ———
      100 Black Men
      1632 12th Street
      20
      100 Black Women
      P.O. Box 2432
      20

4. Verification
   I, Briana Brown, Supervisor’s Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   Print Name
   Supervisor’s Title
   Date 07/10/17
   (Month, Day, Year)

Comment:
Agency Name
Alameda County

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>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>
<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>

<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>Albany Senior Center 846 Masonic Ave</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Beebe Memorial Cathedral 3900 Telegraph Ave</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Berkeley Youth Alternatives 1255 Allston Way</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Beth Eden Baptist Church 1183 10th St</td>
<td>10</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)
   - 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: Alameda County Fair
   - Face Value of Each Ticket/Pass $28
   - 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 ☑
   - If no: Alameda County Fair
   - If yes: Alameda County Supervisor Wilma Chan

3. **Recipients**
   - Name of Agency, Department or Unit: [Not provided]
   - Name of Individual:
     - Smith, Jamaal
     - Cedeno, Jonathan
     - Rivera, Leticia
     - Brown, Madison
   - Number of Ticket(s)/Pass(es)
     - 1
   - 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:
   - To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev

4. **Signature**
   - Signature of Agency Head or Designee: [Signature]

Comment:

---

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

Sarah Oddie ☑ Supervisor's Assistant ☐

Print Name: [Print Name]
Title: [Title]

07.31.2017
(Month, Day, Year)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

#### 1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Sarah Oddie

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

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

#### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☒ No ☐</th>
<th>Face Value of Each Ticket/Pass $</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Alameda County Fair</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>06 / 16 / 17 07 / 09 / 17</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ticket(s)/Pass(es) provided by agency?</th>
<th>Yes ☐ No ☒</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If no:</th>
<th>Alameda County Fair</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If yes:</th>
<th>Alameda County Supervisor Wilma Chan</th>
</tr>
</thead>
</table>

#### 3. Recipients

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

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

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

##### B. Name of Individual

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

**Smith, Jamaal Cedeno, Jonathan Rivera, Leticia**

| 1 | To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev |

| Brown, Madison | 1 | |

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

<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, 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:  
- 07.31.2017

Comment:  

FPPC Toll-Free Helpline: 856/ASK-FPPC (886/275-7772)
Agencies of:
Ceremonial Role 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 $ \(\text{□} \)
Event Description Alameda County Fair
Provide Title/Explanation
Date(s) 06 / 16 / 17 07 / 09 / 17
Ticket(s)/Pass(es) provided by agency? Yes □ No □
If no: Alameda County Fair
Name of Source
If yes: Alameda County Supervisor Wilma Chan
Official’s Name (Last, First)
Was ticket distribution made at the behest of agency official? No □ Yes □

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson, Carl Juan</td>
<td>15</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>Ceremonial Role □ Other □ Income □</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>
</table>

4. Verification

Signature of Agency Head or Designee: Sarah Oddie
Print Name: Supervisor’s Assistant: 07.31.2017
Title: (Month, Day, Year)

Comment:
<table>
<thead>
<tr>
<th>Name</th>
<th>Reason</th>
<th># tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamaal Smith</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>6</td>
</tr>
<tr>
<td>Jonathan Cedeño</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>8</td>
</tr>
<tr>
<td>Leticia Rivera</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>12</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)
   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 $10
   Event Description Alameda County Fair
   Date(s) 06 / 16 / 17 07 / 09 / 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: Alameda County Supervisor Wilma Chan
   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 (real name) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Kubo, Theresa
   Tran, Royce
   Schoch, Gerald
   Herrera, Linda
   Harada, Carol
   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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor's Assistant
   07.31.2017

Comment:
<table>
<thead>
<tr>
<th>Name</th>
<th>Reason</th>
<th># tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monica Venalzeal</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>1</td>
</tr>
<tr>
<td>Christine Chiovare</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>1</td>
</tr>
<tr>
<td>Jenny Neuenschwander</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>1</td>
</tr>
<tr>
<td>Jesse I. Patine</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>1</td>
</tr>
<tr>
<td>Carl Juan Anderson</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>2</td>
</tr>
<tr>
<td>Irene Hagebusch</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>2</td>
</tr>
<tr>
<td>Sokhom Mao</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>2</td>
</tr>
<tr>
<td>Margie Rogers</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>2</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)
   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 $  15
   Event Description 2017 Alameda County Fair
   Date(s) 6 / 16 / 17  7 / 9 / 17
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   If no: Alameda County Fair
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency’s policy
   General Services Agency  23  To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concessions
   Assessor’s Office  12  
   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, Sarah Oddie, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Supervisor’s Assistant
   7/9/17
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
<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>Social Services Agency</td>
<td>3</td>
<td>To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concession</td>
</tr>
<tr>
<td>Treasurer-Tax Collector's Office</td>
<td>13</td>
<td>&quot;</td>
</tr>
</tbody>
</table>

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

<table>
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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>
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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)
   Briana Brown
   Area Code/Phone Number (510)272-6695
   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 Athletics
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 80
   Date(s) 07 / 16 / 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.

   **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 D.5
   2Field
   To reward county employees for their service to public or to encourage staff development

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

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

4. Verification
   I, Briana Brown, Supervisor's Assistant, 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:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: A's 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 $ 80
   Date(s): 07 / 18 / 17
   If yes: Carson, Keith - Supervisor District 5
   Official’s Name (Last, First)

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

   A. Name of Agency, 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:

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

4. Verification
   Signature of Agency Official: Briana Brown
   Supervisor’s Assistant: June 10
   (Month, Day, Year)
   Comment: 1994.1 and 1994.2. I have verified that the distribution set forth above, is in accordance with the requirements.

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

#### 1. Agency Name
Alameda County

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

**Board of Supervisors**

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

**Briana Brown**

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

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

**Date Stamp**

**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 $**

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>07</th>
<th>15</th>
<th>17</th>
</tr>
</thead>
</table>

- **Event Description**

  A's Baseball

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

  Yes ☐ No ☒

- **If no:**

  **Name of Source**

  Oakland Athletics

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

  No ☐ Yes ☒

- **If yes:**

  **Carson, Keith - Supervisor District 5**

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

#### 3. Recipients

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

**A. Name of Agency, 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**

**Jordan Mitchel**

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

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

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

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

**C. Name of Outside Organization**

**(include address and description)**

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

#### 4. Verification

I have 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**

**June 10**

(Month, Day, Year)

**Comment:**

FPPC Form 802 (4/12)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Ja Vale McGee's charity softball 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 $_____
   Date(s) 7/11/17
   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.

   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 | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
  如果选择“Ceremonial Role”或“Other”，则在下面描述：
   Ceremonial Role ☐ Other ☐ Income ☐
   如果选择“Ceremonial Role”或“Other”，则在下面描述：

   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

   Comment: ____________

   Signature: ____________
   Print Name: ____________
   Title: ____________
   (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

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

### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes □ No X</th>
<th>Face Value of Each Ticket/Pass</th>
<th>$ 150</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>J. Cole</td>
<td>Date(s)</td>
<td>07 / 14 / 17 07 / 15 / 17</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes □ No X</td>
<td>If no: Golden State Warriors</td>
<td></td>
</tr>
<tr>
<td>Official's Name (Last, First)</td>
<td>Carson, Keith</td>
<td>Name of Source</td>
<td></td>
</tr>
</tbody>
</table>

### 3. Recipients

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

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

#### B. Name of Individual  

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

#### C. Name of Outside Organization  

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

### 4. Verification

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

Amy Shrago  
Supervisor's Assistant  
07/31/17  
(Month, Day, Year)
1. Agency Name
   Alameda County

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No X
   Event Description: Lionel Richie
   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 $ 400
   Date(s) 07 / 21 / 17
   If no: Golden State Warriors
   Name of Source: Carson, Keith
   Official's Name (Last, First)

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

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

   Amy Shrago
   Supervisor's Assistant

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 ☐
   Face Value of Each Ticket/Pass $200
   Event Description Shawn Mendes
   (Provide Title/Explanation)
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 7/11/17
   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.

   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
      Nakaso Kelly
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role," "Other," or "Income," describe below:
      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 verified that the distribution set forth above, is in accordance with the requirements as 18944.1 and 18942.
   Briana Brown
   Supervisor's Assistant
   Print Name
   (Month, Day, Year)

Comment:
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 $ 150  
Event Description  Earth Wind and Fire  
Date(s) 07 / 11 / 17  
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒  
If no: Golden State Warriors  
Name of Source  
If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)  

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

A. Name of 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  
Nummer of Ticket(s)/Pass(es)  
Identify one of the following:  
Ceremonial Role ☐ Other ☒  
Income ☐  
Debra Richard  
Ticket(s)/Pass(es) 4  
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 ☐  

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

4. Verification  
§ 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  
Briana Brown  
Supervisor's Assistant  
June 10  
(Month, Day, Year)  
Comment:  

[Signature]  
Print Name  
Title  

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $15
   Event Description Alameda County Fair
   Date(s) 06 / 16 / 17 07 / 09 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source If no: Alameda County Fair
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Official's Name (Last, First) Alameda County Supervisor Wilma Chan

3. Recipients
   • Use Section 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>Kubo, Theresa</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Shipman, Clare</td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td>Martin, Helen</td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td>1</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>San Lorenzo Village Homes Association 377 Paseo Grande, San Lorenzo, 94580</td>
<td>100</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Homeowners association</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
Print Name: Supervisor's Assistant: 07.31.2017
Title: (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
<table>
<thead>
<tr>
<th>Name</th>
<th>Reason</th>
<th>#</th>
<th>Address</th>
<th>Org description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royce Tran</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sylvia Stadmire</td>
<td>To reward a community volunteer for his or her service to the public</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eric Murphy</td>
<td>To reward a community volunteer for his or her service to the public</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jason Cheng</td>
<td>To reward a community volunteer for his or her service to the public</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estelle Clemons</td>
<td>To reward a community volunteer for his or her service to the public</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mona Shah</td>
<td>To reward a community volunteer for his or her service to the public</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gerald Schoch</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linda Herrera</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monica Venalzeal</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Description</td>
<td>Number</td>
<td></td>
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<tr>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Nohemi Maciel</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gina Rose</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carl Juan Anderson</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Margie Rogers</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>3</td>
<td></td>
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</tr>
<tr>
<td>Rick Choy</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>3</td>
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<tr>
<td>Joie Thach</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>3</td>
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<td></td>
</tr>
<tr>
<td>Name</td>
<td>Reason</td>
<td>Number</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>------------------------------------------------------------------------------------------</td>
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<tr>
<td>Loesja Howes</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meredith Houghtelling</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mike Houghtelling</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loranna Shoptaw</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Randy Wage</td>
<td>To reward a community volunteer for his or her service to the public</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dora Broron</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isaael Hernandez</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Description</td>
<td>Score</td>
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<td></td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stacey Rose</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qiaoqing Zhang</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michelle Duherty</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
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**SECTION C**

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<thead>
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<th>Name</th>
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<td>Girls Inc. of the Island City</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
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<td>1724 Santa Clara Ave., Alameda, CA 94501</td>
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<td>Organization</td>
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<td>San Leandro Boys and Girls Club</td>
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<td>Satellite Affordable Housing Associates</td>
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<td>Cypress Mandela</td>
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<td>Clare Shipman</td>
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