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

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

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☒ No ☐  
Face Value of Each Ticket/Pass $305.55 ticket/35 park  
Event Description Football game  
Date(s) 08 / 19 / 17  
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐  
If no: Oakland Raiders  
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒  
If yes: Chan, Wiima  
Official's Name (Last, First)

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

<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>

| Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Taylor, Debbie</td>
<td>3+1park</td>
<td>To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...</td>
</tr>
</tbody>
</table>
|                                  |                            | Ceremonial Role ☐ Other ☐ Income ☐  
|                                  |                            | if checking "Ceremonial Role" or "Other" describe below: |
|                                  |                            | 3+1park  
|                                  |                            | if checking "Ceremonial Role" or "Other" describe below: |

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

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

Signature of Agency Head or Designee: Sarah Oddie  
Print Name  
Supervisor's Assistant  
Title  
(Month, Day, Year) 08.31.2017

Comment: 

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Football 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 $305.55 ticket/35 park
Date(s) 08 / 31 / 17
If no: Oakland Raiders
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 at a(n)... event held at a County facility in order to maximize potential County revenue...

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 ha
Signature of Agency Head or Designee
Sarah Oddie
Print Name
Supervisor's Assistant
Title
08.31.2017
(Month, Day, Year)
Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ 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) 08 / 01 / 17
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Cheng, Jason</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
   I, ___________________________________________ (Signature of Agency Head or Designee)
   Print Name
   Supervisor's Assistant ____________________________________________ (Signature of Supervisor's Assistant)
   Title
   Date Stamp 08.31.2017 (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 $ 33
   Event Description  Baseball game
   Provide Title/Explanation
   Date(s) 08 / 08 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakland A's
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Chan, Wiima
   Name of Source

3. Recipients
   Use Section A to identify the agency's department or unit. Use Section B to identify an individual.
   Use Section C to identify an outside organization.
   
<table>
<thead>
<tr>
<th>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>Kavasch, Kent</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>
</tr>
</tbody>
</table>
   
<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. I declare under penalty of perjury that the information set forth above is true and correct.
   
   Signature or Agency Head or Designee: Sarah Oddie
   Print Name: ___________________________
   Title: ___________________________
   Date: 08.31.2017

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number 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) 08/10/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakland A's
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Chan, Wlima

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

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

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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Park, Lina</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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 08.31.2017
   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

### 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)**: 08/11/17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no: Oakland A's**
- **If yes: Chan, Wiima**
- **Name of Source**
- **Was ticket distribution made at the behest of agency official?** No ☐ 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
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual
- **(Last, First)**: Ardios, Hannah
- **Number of Ticket(s)/Pass(es)**: 2
- **Ceremonial Role** ☐ Other ☐ Income ☒
- **To promote attendance...event held at a County facility...maximize potential County revenue...concession sales**

- **Number of Ticket(s)/Pass(es)**: 2
- **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>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification
- I, the undersigned, 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**: Sarah Oddie
- **Title**: Supervisor's Assistant
- **Date**: 08.31.2017
- **(Month, Day, Year)**

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

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

Designated Agency Contact (Name, Title)
Sarah Oddie

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

---

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

Face Value of Each Ticket/Pass $ 33

Event Description Baseball game

Provide Title/Explanation

Date(s) 08 / 12 / 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)

---

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

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

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

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

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

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>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<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>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>

---

### 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 | 08.31.2017
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
   Face Value of Each Ticket/Pass $90

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Provide Title/Explanation
   Date(s) 08 / 12 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

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

4. 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: Print Name
   Title: 08.31.2017
   (Month, Day, Year)

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

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   E-mail sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $ 33
   Date(s) 08 / 13 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

4. Verification
   I, Sarah Oddie, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature or agency seal or signature
   Supervisor's Assistant
   08.31.2017
   (Month, Day, Year)

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Event Description:
     - Baseball game
   - Face Value of Each Ticket/Pass $ 33
   - Date(s):
     - 08 / 14 / 17
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
     - If no: Oakland A's
     - Name of Source: Chan, Wilma
   - Was ticket distribution made at the behest of agency official? Yes ☐ No ☑
     - If yes: Chan, Wilma
     - Official's Name (Last, First): Chan, Wilma

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

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

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

   **C. Name of Outside Organization (include address and description)**
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<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Leandro Chamber of Commerce, 120 Estudillo Ave., San Leandro, CA</td>
<td>2</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td>San Leandro's leading business organization that connects businesses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**
   - I, Sarah Oddie, Supervisor's Assistant, certify by signature below that I have reviewed and approved the distribution set forth above, in accordance with the requirements.
   - Signature of Agency Head or Designee: Sarah Oddie
   - Supervisor's Assistant Title: 08.31.2017

Comment: 

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Sarah Oddie
Area Code/Phone Number 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 $ 80 ticket/20 park
Event Description Baseball game Date(s) 08/14/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakland A's
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Chan, Wilma
Name of Source Official's Name (Last, First)

3. Recipients

<table>
<thead>
<tr>
<th>A.</th>
<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>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alameda County Family Justice Law Center, 470 27th St, Oakland, CA 94612</td>
<td>18+3p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td></td>
<td>Services and support to ind./families who experienced DV, sexual assault, abuse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
Please sign here: I have verified that the distribution set forth above, is in accordance with the requirements.
Sarah Oddie Supervisor’s Assistant 08.31.2017
Title (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 33
Event Description Baseball game
Provide Title/Explanation
Date(s) 08 / 15 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

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

B. Name of individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
Svedensen, Sabrina 2
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

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

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

Sarah Oddie Supervisor's Assistant 08.31.2017
Signature of Agency Head or Designee 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)
   Sarah Oddie

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 33
   Event Description: Baseball game
   Date(s): 08/25/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      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
   By the undersigned, pursuant to Government Code Sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Sarah Oddie
   Supervisor's Assistant: 08.31.2017
   Print Name
   Title

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Sarah Oddie
Area Code/Phone Number 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) 08/26/17
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Oakland A’s
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐ If yes: Chan, Wilma

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

<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</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, CA 2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
<td></td>
</tr>
<tr>
<td>Community Service Organization</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: 08.31.2017
Title: (Month, Day, Year)
Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Sarah Oddie
Area Code/Phone Number 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) 08/27/17
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Oakland A's
Was ticket distribution made at the behest No ☐ Yes ☑ Name of Source
of agency official?
If yes: Chan, Willa 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>Johnson, Arne</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>
</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 08.31.2017
Print Name Title (Month, Day, Year)

Comment: 

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 $ 60
Event Description Marvel Universe LIVE!
Date(s) 08 / 13 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Chan, Wilma
Official's Name (Last, First)

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

B. Name of Individual (Last, First) Number of Ticket(s)/
Pass(es) Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
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
EBAYC, 2025 E 12th St, Oakland, CA 94606 4 To reward a school or nonprofit organization for its contributions to the community
We are dedicated to helping youth be safe, smart, and socially responsible.

4. Verification
I have read and understand FPPC Regulations 19944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie Supervisor's Assistant 08.31.2017
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Ed Sheeran
   Face Value of Each Ticket/Pass $ 400
   Date(s) 08/02/17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Chan, Wiima
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
   
   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   Geisner, Benjamin 2
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   To promote attendance...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:
   
   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
   Building Futures Women & Children, 1395 Bancroft Ave, San Leandro, CA 2
   To reward a school or nonprofit organization for its contributions to the community
   Domestic violence shelters

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.

   Sarah Oddie Supervisor’s Assistant 08.31.2017
   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**
- **Division, Department, or Region (If Applicable):** Board of Supervisors
- **Designated Agency Contact (Name, Title):** Sarah Oddie
  - **Area Code/Phone Number:** (510) 272-6693
  - **E-mail:** sarah.oddie@acgov.org

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass:** $250
- **Event Description:** Kendrick Lamar
- **Provide Titles/Explanation:**
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Date(s):** 08 / 04 / 17
- **If no: Golden State Warriors**
  - **Name of Source:**
- **If yes: Chan, Wilma**
  - **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>
</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>Lam, Marianne</td>
<td>4</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>4</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

#### 4. Verification
- **Signature of Agency Head or Designee:** Sarah Oddie
- **Supervisor’s Assistant:** Sarah Oddie
- **Date:** 08.31.2017
- **Comment:**

---

*California Form 802 (4/12)*

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

1. **Agency Name**
   - Alameda County
   - Division, Department, or Region (If Applicable)
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - 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 $: 60
   - Event Description: Marvel Universe LIVE!
   - Date(s): 08 / 12 / 17
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - If no: Golden State Warriors
   - Name of Source: Chan, Wilma
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   - If yes: 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: Roberts, Shannell
   - Number of Ticket(s)/Pass(es): 4
   - Identify one of the following:
     - Ceremonial Role ☐ Other ☐ Income ☐
     - To reward a community volunteer for his or her service to the public
     - Ceremonial Role ☐ Other ☐ Income ☐
     - If checking "Ceremonial Role" or "Other" describe below:

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

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

   Signature of Agency Head or Designee: Sarah Oddie
   Print Name: Supervisor's Assistant
   Title: 08.31.2017 (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 $ 60
   Event Description Shreya Goshal
      Provide Title/Explanation
   Date(s) 08 / 26 / 17
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
   If no: Golden State Warriors
      Name of Source
   If yes: Chan, Wiima
      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.

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maitri, PO Box 697, Santa Clara, CA 95052</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Domestic violence shelter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Sarah Oddie
   Supervisor's Assistant
   08.31.2017
   Date
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Ferguson, Supervisor's Assistant
Area Code/Phone Number (510) 272-9691
E-mail leeanne.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $33.00
Event Description Baseball
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Date(s) 9, 18, 17
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. Recipient (Agency/Department/Unit) _______ Number of Recipients _______
Name/Certifying Official _______ Affiliation/Description _______

B. Recipient (Individual)
Name/Certifying Official Daniel Wolmick
Affiliation/Description _______
Number of Recipients 2

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

C. Recipient (Outside Organization)
Name of Contact Organization _______
Name/Certifying Official _______
Number of Recipients _______

4. Verification
Sons 1894.1 and 1894.2. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson Supervisor's Assistant
Signature of Agency Head of Organization Print Name
Signature of certify Title

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
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, Supervisor's Assistant
   Area Code/Phone Number (610) 272-5691
   E-mail iasen.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Raiders
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Was ticket distribution made at the behest of agency officials? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $305.55
   Date(s) 10/15/17
   Home of Event
   Name of Event: Alameda County Supervisor Scott Haggerty, 0 1
   Organizer'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. [Redacted]
   B. Livermore Valley Wine Growers
   C. [Redacted]

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

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

   Livermore Valley Wine Growers
   3585 Greenville Road Ste 4
   Livermore CA, 94550

4. Supervisor's Assistant
   Lee Ann Ferguson
   Supervisor's Assistant
   Date 8/31/17

Comment: Benefits underserved children in the East Bay. All of the proceeds from the event will benefit local children's charities in the areas of nutrition, healthcare, and education.
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☑ No ☐  
Face Value of Each Ticket/Pass $ 60.00  
Event Description ManTEL Universe  
Provide Title/Explanation  
Date(s) 8/13/17  
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐  
If no: ☐  
Name of Source: Alameda County Supervisor Scott Haggerty, D1  
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐  
If yes: ☐  
Official's Name (Last, First)  

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRYSTAL JOHNSON</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>
<tr>
<td>Ceremonial Role ☐</td>
<td>Other ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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  
Lee Ann Fergerson  
Supervisor's Assistant  
Pint Name  
Title  
(Month, Day, Year) 4/24/17

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description Marvel Universe
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 $0.00
Date(s) 6/27/17
If no: GSW
Name of Source
Alameda County Supervisor Scott Haggerty, D 1
If yes: Officiating Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Tickets/Passes</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linette Niles</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>

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

Signature of Agency Head/Designee: Lee Ann Ferguson
Print Name: Supervisor’s Assistant
Title: (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description Baseball
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
Face Value of Each Ticket/Pass $33.00
Date(s) 8/25/17 - 8/26/17
Name of Event Oakland Athletics
Name of Source 8/27/17
Name of Source 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. Number of employees (names) 
B. Number of recipients
C. Number of tickets

4. Verification
I, Lee Ann Ferguson, Supervisor's Assistant, declare under penalty of perjury under Sections 1643 and 1644, that I have verified that the distribution set forth above is in accordance with the requirements.

Comment: LVEF has offered a funding life line for Livermore public school programs.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

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

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

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

Date Stamp California Form 802

2. Function or Event Information

Does the agency have a ticket policy? Yes [ ] No [x] Face Value of Each Ticket/Pass $33.00

Event Description [Baseball]

Date(s) [8/14/17, 8/15/17]

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

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

Name of Source
Alameda County Supervisor Scott Haggerty, D1

Date of Original Filing: (Month Day Year)

3. Recipients

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

<table>
<thead>
<tr>
<th>Name of Department</th>
<th>Number of Individuals</th>
<th>Ceremonial Role Event Purpose Made Pursuant to the Agency's Policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets Issued</th>
<th>Ceremonial Role Event Purpose Made Pursuant to the Agency's Policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Society/Organization</th>
<th>Number of Tickets Issued</th>
<th>Ceremonial Role Event Purpose Made Pursuant to the Agency's Policy</th>
</tr>
</thead>
</table>

4. Verification

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

Lee Ann Ferguson Supervisor's Assistant

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Baseball
   Face Value of Each Ticket/Pass: $35.00
   Date(s): 8/13/17
   If yes: Oakland Athletics
   Name of Source: Alameda County Supervisor Scott Haggerty, D 1
   Official's Name (Last, First):

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

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

   B. Name of Individual: Sherri Krause
      Number of Tickets/Passes: 2
      Describe the 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 Outside Organization:
      Number of Tickets/Passes: 
      Describe the public purpose made pursuant to the agency’s policy:

4. Verification
   I, Lee Ann Ferguson, Supervisor's Assistant, certify that the distribution set forth above is in accordance with the requirements.
   Signature: ____________________________
   Lee Ann Ferguson
   Date: 8/29/17
   Title: Printer's Name

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

2. Function or Event Information
Does the agency have a ticket policy?
Yes ☐ No ☐
Event Description Baseball
Provide Role/Explanation
Ticket(s)/Pass(es) provided by agency?
Yes ☐ No ☐
Face Value of Each Ticket/Pass $35.00
Date(s) 9/4/17
If no: Name of Source
Oakland Athletics
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. Recipient Information

B. Ceremonial Role Events

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

Barbara Luna ☑

C. In-Kind Tickets/Passes

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

Signature of Agency head or designee
Lee Ann Ferguson  Paid Name  Supervisor's Assistant  Title

Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-PPPC (866/327-7772)
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) 272-5631
E-mail: leean.fergerson@acgov.org

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

Event Description: Baseball

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

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

Face Value of Each Ticket/Pass: $33.00

Date(s): 8/12/17

If no: Oakland Athletics

Name of Event: 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: ______

   B: 

   Ian Dollar

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

   C: 

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

4. Verification

Lee Ann Ferguson, Supervisor's Assistant

Signature of Agency Official:

Comment:

FPPC Form 502 [4/12]
FPPC Toll-Free Hotline: 666/ASIC-FPPC (666/270-7773)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

Division, Department, or Region (if Applicable)

Board of Supervisors

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

Area Code/Phone Number E-mail
(510) 272-5691 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 $ 80.00

Date(s) 9/5/17

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

If no: Oakland Athletics

Yes ☐ No ☐

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

3. Recipients

A. Person

The Taylor Family Foundation
5555 Arroyo Rd., Livermore, CA 94558

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

B. Business

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

4. Verification

Lee Ann Ferguson
Supervisor's Assistant

Comment: Organization that works to preserve the wellness of children in No CA with chronic illnesses/developmental disabilities.
Agency Report of:
Ceremonial Role 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 Baseball

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

If yes:

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

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

If yes:

3. Recipients

A. Name of recipient, Title, Position, Agency, Contact Information, Amount

B. Name of recipient, Title, Position, Agency, Contact Information, Amount

C. Name of recipient, Title, Position, Agency, Contact Information, Amount

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

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

4. Verification
I, Lee Ann Ferguson, Supervisor's Assistant, certify that the distribution of tickets/passes listed above is in accordance with the requirements of the Fair Political Practices Commission. The distribution of tickets/passes is for legitimate purposes.

Signature of Authorized Designee

Comment:

FPPC Form 502 (4/12)
FPPC Toll-Free Hotline: 800/441-FPPC (800/441-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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

Event Description
BANDA
Place/Title/Location

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
Date(s) 8-5-17

3. Recipients
A. 

B. 

C. 

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

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

4. Verification
Lee Ann Ferguson, Supervisor’s Assistant
Date 8-2-17

Comment: [Handwritten note]
### Agency Name
Alameda County

### Board of Supervisors

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

### Area Code/Phone Number
(510) 272-5691

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

---

### Function or Event Information

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

### Event Description
Kendrick Lamar

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

### Was ticket distribution made at the behoof of agency official?
No | Yes

### Face Value of Each Ticket/Pass $ 250

### Date(s) 8/4/17

---

### Recipients

<table>
<thead>
<tr>
<th>District 1</th>
<th>4</th>
</tr>
</thead>
</table>

**To reward a county employee for his or her exemplary service to the public**

### Verification

Lee Ann Ferguson, Supervisor's Assistant

Comment: [Signature]

---

FPPC Form 002 (4/13)
FPPC Toll-Free Hotline: 966-ASK-FPPC (966-275-3772)
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)

   Area Code/Phone Number  E-mail
   510-272-6691  leeann.fergerson@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 $ 60.00
   Event Description: Shrey Goshal Live
   Date(s) 8 / 26 / 17
   Ticket(s)/Pass(es) provided by agency?  Yes ☒ No ☐
   If no: GSW
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, D-1
   Official’s Name (Last, First)

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

   A.  Name of Agency, Department or Unit  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:
   Ceremonial Role ☐ Other ☐ Income ☐
   to reward a community volunteer for his or her service to the public
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:

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

   Signature of Designated Agency Contact

   LEE ANN FERGerson  Supervisor’s Assistant
   Pref. Name  Title  (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)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number: (510) 272-8691
   E-mail: leeann.fergerson@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [ ] No [ ]
   - Face Value of Each Ticket/Pass $30.00
   - Event Description: Baseball
   - Event (s) Date(s): 9/1/17
   - Ticket (s) / Pass(es) provided by agency? Yes [ ] No [ ]
   - Name of Source: Oakland Athletics
   - Was ticket distribution made at the behest of agency official? No [ ] Yes [ ]
   - 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.**
<table>
<thead>
<tr>
<th>Name/Agency</th>
<th>Department/Unit</th>
<th>Number of Tickets/Passes</th>
<th>Distribution Public/Privilege must be pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **B.**
<table>
<thead>
<tr>
<th>Name/Individual</th>
<th>Number of Tickets/Passes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eric Hassett</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

   Ceremonial Role [ ] Other [ ] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:

4. **Verification**
   I have read and understood FPPC Provisions 19344, 1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson, Supervisor's Assistant
   Print Name: Lee Ann Fergerson
   Title: Supervisor's Assistant
   Date: 9/1/17
   (Month, Day, Year)

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

1. Agency Name
Alameda County

Board of Supervisors

Designated Agency Contact (Name, Title)
Briana Brown

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

Event Description: Raiders Football game
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Raiders
Name of Source
If yes: Carson, Keith - Supervisor District 5
Official's Name (Last, First)

Face Value of Each Ticket/Pass $ 305.55
Date(s) 08 / 19 / 17 08 / 31 / 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. General Agency, Department or Unit

<table>
<thead>
<tr>
<th>General 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>Phillip Hall</td>
<td>2</td>
<td>To reward a student for outstanding scholastic achievement;</td>
</tr>
<tr>
<td>Robert Coleman</td>
<td>2</td>
<td>To promote attendance at County sponsored event;</td>
</tr>
<tr>
<td>LA James</td>
<td>4</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking</td>
</tr>
</tbody>
</table>

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

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

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

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

Comment: 

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

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

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☑ No ☐  
Event Description: Ed Sheeran  
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: $400  
Date(s): 8/2/17  
If no: Golden State Warriors  
Name of Source:  
If yes:  
Official's Name (Last, First):  

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

<table>
<thead>
<tr>
<th>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>SSA</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. (Name of Individual)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Ticket(s)/Pass(es)</td>
</tr>
</tbody>
</table>
| Ceremonial Role ☐ Other ☐ Income ☐  
if selecting "Ceremonial Role" or "Other" describe below: |
| Ceremonial Role ☐ Other ☐ Income ☐  
if selecting "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>
</table>

4. Verification  

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

Signature of Agency Head or Designee  
Print Name  
Title  
(Date, Month, Year)  

Comment:  

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

1. **Agency Name**
   - Alameda County

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

   **Designated Agency Contact (Name, Title)**
   - Briana Brown

   **Area Code/Phone Number**
   - 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**
     - $250
   - **Event Description**
     - Kendrick Lamar
   - **Date(s)**
     - 8/4/17
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes ☐ No ☑
   - **Name of Source**
     - Golden State Warriors
   - **Was ticket distribution made at the behest of agency official?**
     - No ☐ Yes ☑

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

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

   **Section B**
   - **Name or Individual**
     - (Last, First)
   - **Ceremonial Role**
     - ☐
   - **Other**
     - ☐
   - **Income**
     - ☐

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

4. **Verification**
   - I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Signature of Agency Head or Designee**
   - Briana Brown
   - **Supervisor’s Assistant**
   - Print Name
   - Title
   - Date

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

**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

**Date Stamp**

**California Form 802**
For Official Use Only

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

**Date of Original Filing:**

---

## 2. Function or Event Information

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

**Face Value of Each Ticket/Pass** $ 150

**Event Description**
Banda MS

Provide Title/Explanation

**Date(s)**
8 / 5 / 17

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

If no:
**Golden State Warriors**
**Name of Source**

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

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

---

## 3. Recipients

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

*Use Section B to identify an individual.*

*Use Section C to identify an outside organization.*

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

<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></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>Kavelly Ordaz-Salto</td>
<td>4</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev</td>
</tr>
<tr>
<td>Kavelly Ordaz-Salto</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Kavelly Ordaz-Salto</td>
<td></td>
<td>If checking 'Ceremonial Role' or 'Other' describe below:</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

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

---

## 4. Verification

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

**Signature of Agency Head or Designee**

**Print Name**

**Supervisor's Assistant**

**Title**

**Stamp**

8/9/17

**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)
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 Marvel Universe
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 $60
Date(s) 8/11/12 3/13/2017
If no: Golden State Warriors
Name of Source
If yes: Official's Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit: BOS. D5
   Number of Ticket(s)/Pass(es) 8
   Describe the public purpose made pursuant to the agency's policy

B. Name of Individual: Vickie Osrio Zeino
   Number of Ticket(s)/Pass(es) 4
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To reward a community volunteer for his or her service to the public
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   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 declare under penalties of perjury, 68244.1 and 68242, that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Briana Brown
Print Name: Supervisor's Assistant: Title:
Date (Month, Day, Year) 8/9/17

Comment:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- Alameda County
- Division, Department, or Region (If Applicable)
- Board of Supervisors
- Designated Agency Contact (Name, Title)
  - 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**: Green Day
- **Face Value of Each Ticket/Pass** $60
- **Date(s)**: 8/5/17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **If yes**: Golden State Warriors
  - **Name of Source**:
  - **If yes**: Official’s Name (Last, First)

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

- **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)**: 4
  - **Describe the public purpose made pursuant to the agency’s policy**:
  - To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev

### 4. Verification
- **Signature of Agency Head or Designee**: Briana Brown
- **Supervisor’s Assistant**:
  - **Print Name**:
  - **Title**
  - **Date** (Month, Day, Year): 6/4/17

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes  No
   Event Description  Summer Jam
   Ticket(s)/Pass(es) provided by agency?  Yes  No
   Was ticket distribution made at the behest of agency official?  No  Yes

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of 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 or Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role  Other  Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reako Lewis</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Devijn Taylor</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee  Briana Brown  Supervisor’s Assistant
   (Print Name)  (Title)  8/9/17 (Month, Day, Year)

Comment:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Event Description A's Baseball
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $ 80
   Date(s) 08/16/17 08/25/17
   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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor's Assistant
   (Month, Day, Year)
   Signature of Agency Head or Designee
   Comment: 2 Field Tickets

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description**: A's Baseball
  - Provide Title/Explanation
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
- **Face Value of Each Ticket/Pass**: $90
- **Date(s)**: 08/11/17
- **Name of Source**: Oakland Athletics
- **Official's Name (Last, First)**: Carson, Keith - Supervisor District 5

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

#### A. 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**
  - Women Cancer resource center
  - 5741 Telegraph Ave
  - 2
  - To provide opportunities to those who are receiving services from County agencies consistent with the agency’s goals for the partic

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

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Briana Brown</th>
<th>Supervisor's Assistant</th>
<th>July 25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td></td>
<td>Title</td>
<td>(Month, Day, Year)</td>
</tr>
</tbody>
</table>

Comment:

---

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No □
Event Description A's Baseball
Face Value of Each Ticket/Pass $ 80
Date(s) 08 9 13 26 2017
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.

<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>Andrew Flugelman Foundation provide lap tops for deserving College-bound stat</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

Supervisor's Assistant

Title

Date of Filing: 8/21/17

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

### 1. Agency Name
- Alameda County
- Division, Department, or Region (If Applicable): Board of Supervisors
- Designated Agency Contact (Name, Title): 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. SF Giants
- **Face Value of Each Ticket/Pass**: $25
- **Date(s)**: 08/01/17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **Name of Source**: Oakland Athletics
- **If yes**: Valle, Richard- Supervisor District 2
- **Official's Name (Last, First)**: Richard Valle

### 3. Recipients
- **A. Name of Agency, Department or Unit**:
  - Number of Ticket(s)/Pass(es): 2
  - Describe the public purpose made pursuant to the agency's policy: To reward a community volunteer for his service to the public

- **B. Name of Individual (Last, First)**: Cedillo, Arnulfo
  - Number of Ticket(s)/Pass(es): 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): 2
  - Describe the public purpose made pursuant to the agency's policy: 

### 4. Verification
- **Signature**: Gabriela Christy
- **Date**: 09/17/2017
- **Title**: Supervisor's Assistant

**Comment**:

---

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

---

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

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

   Date Stamp

   California Form 802
   For Official Use Only

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ __________
   Event Description  Oakland A's vs. Seattle Mariners
   Date(s) 08 / 08 / 17
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ☒
   If yes: Valle, Richard-Supervisor District 2
   Official's Name (Last, First)

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy  Supervisor's Assistant
   (Signature)  (Print Name)  (Title)  (09/07/17) (Month, Day, Year)

Comment: ________________________________

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

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

## 2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Oakland A's vs. Seattle Mariners
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $ 25
Date(s) 08/09/17
If no:
Oakland Athletics
Name of Source
If yes:
Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

### B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
Banks, Karen 2 | Ceremonial Role ☐ Other ☒

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

Signature of Agency Head or Designee

Gabriela Christy
Print Name

Supervisor's Assistant

Date 04/17/17

Signature of Agency Head or Designee

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7712)
Agency Report of:
Ceremonial Role 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 ☐
Event Description Oakland A's vs. Seattle Mariners
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $ 80/20
Date(s) 08/09/17
If no: Oakland Athletics
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Knights of Columbus 22824 2nd street, Hayward, Ca</td>
<td>18/3</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>A Catholic fraternal service organization dedicated to the principles of charity, unit</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

Comment: ____________________________

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

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

Date Stamp
California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 25
Event Description Oakland Athletics vs. Baltimore Orioles
Provide Title/Explanation Date(s) 08 / 10 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Oakland Athletics
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</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>Yukumoto, Clayton</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public</td>
</tr>
</tbody>
</table>

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

Nancy Sa
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 E-mail
   (510) 272-6692 Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Oakland A's vs. Baltimore Orioles
   Date(s) 08 / 11 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $ 25
   If no: Oakland Athletics
   Name of Source

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

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

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

   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, CA
      OneJustice works to bring life-changing legal help to those in need

4. Verification
   I declare under penalty of perjury that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy Supervisor's Assistant
   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)
  - 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. Baltimore Orioles
  - Date(s): 08/12/17
  - Ticket(s)/Pass(es) provided by agency?
    - Yes ☑ No ☐
  - If yes:
    - **Name of Source**
      - Oakland Athletics
    - **Official’s Name (Last, First)**
      - Valle, Richard-Supervisor District 2

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

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

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

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

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

  - Signature of Agency Head or Designee
    - Gabriela Christy
  - Supervisor’s Assistant
    - Title
    - 09/07/17

- Comment:

---

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

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

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. Baltimore Orioles
Date(s) 08/13/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Athletics
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)
Was ticket distribution made at the behest of agency official?
No ☐ Yes ☒

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

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

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

Han, Edward 2

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

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

Signature of Agency Head or Designee
Gabriela Christy
Print Name
Supervisor’s Assistant
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)**
  - 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 [ ]
- **Event Description** Oakland A's vs. Kansas City Royals
- **Face Value of Each Ticket/Pass** $25
- **Date(s)** 08/14/17 08/15/17
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **If no:** **Name of Source** Oakland Athletics
- **If yes:** **Valle, Richard - Supervisor District 2**
  - **Official’s Name (Last, First)**

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

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

### B. Name of Individual
<table>
<thead>
<tr>
<th>(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 [x]</td>
<td>Income [ ]</td>
<td></td>
</tr>
</tbody>
</table>

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

### C. Name of Outside Organization
<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glad Tidings Church 27869 Tyrrell Ave, Hayward, CA 94544</td>
<td>4</td>
<td>– To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Glad Tidings Church has adopted S. Hayward Neighborhood in order</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 4. Verification
- **Signature of Agency Head or Designee**
  - Gabriela Christy
  - **Print Name**
  - **Title**
- **Supervisor’s Assistant**
  - **Print Name**
  - **Title**
  - **Date of Signing** 09/04/17

**Comment:**

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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. Kansas City Royals
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 25
   Date(s) 08 / 16 / 17
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)
   If no: Oakland Athletics
   Name of Source

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

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

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

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Glad Tidings Church
      27689 Tyrrell Ave, Hayward, CA 94544
      Glad Tidings Church has adopted S. Hayward Neighborhood in order
      2
      To reward a nonprofit organization for its contributions to the community

4. Wis
   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 Report of:
## Ceremonial Role 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** $80/20
  - **Event Description:** Oakland A's vs. Texas Rangers
  - **Date(s):** 08/08/17
  - **Ticket(s)/Pass(es) provided by agency:** Yes ☑ No ☐
  - **Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐
  - **If yes:** Valle, Richard - Supervisor District 2
    - **Name of Source:** Oakland Athletics

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

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

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

#### B. Name of Individual

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOV 8440 Central Ave, Newark, CA 94560</td>
<td>18/3</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

### 4. Verification
- 6904.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
  - **Signature of Agency Head or Designee:** Gabriela Christy
  - **Print Name:** Gabriela Christy
  - **Supervisor's Assistant:** Print Name
  - **Title:** Signature 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 ☒ No ☐
   Event Description Oakland A's vs. Texas Rangers
   Date(s) 08 / 25 / 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 $ 25
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      To reward a community volunteer for her service to the public
      __________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy?   Yes ☑ No ☐ 
   Face Value of Each Ticket/Pass $ 25
   Event Description   Oakland A's vs. Texas Rangers
   Date(s)   08 / 26 / 17
   Ticket(s)/Pass(es) provided by agency?   Yes ☐ No ☑
   If no:   Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official?   No ☐ Yes ☑
   If yes:   Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

B. Name of Individual (E.g., Pest)   Number of Ticket(s)/Pass(es)   Identify one of the following:
   Hutchins, Henry   2
   Ceremonial Role ☐ Other ☑ Income ☐
   To reward a community volunteer for his service to the public
   If checking 'Ceremonial Role' or 'Other' describe below:

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

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

1. Agency Name
Alameda County
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 $ __________
Event Description Oakland A’s vs. Texas Rangers
Date(s) 08 / 27 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: __________________________ Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: __________________________ Official’s Name (Last, First)

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

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

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

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

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

4. V ☒
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
(8/07/17)

Comment: ____________________________

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

#### 1. Agency Name
- Alameda County
- Board of Supervisors
- Gabriela Christy
- Area Code/Phone Number: (510) 272-6692
- 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. Baltimore Orioles
- **Face Value of Each Ticket/Pass:** $55/20
- **Date(s):** 08/12/17
- **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):** 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>Cervantez, Guadalupe</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>To reward a community volunteer for her service to the public</td>
</tr>
</tbody>
</table>

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

#### 4. Verification
- I have verified that the distribution set forth above, is in accordance with the requirements.
- Signature or Agency Head or Designee: Gabriela Christy
- Supervisor’s Assistant: [Signature]  
- (Month, Day, Year): 09/07/17

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

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

## 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ❑ No ❑
- **Event Description** Ed Sheeran Concert
- **Face Value of Each Ticket/Pass $** 400
- **Date(s)** 08 / 02 / 17
- **Ticket(s)/Pass(es) provided by agency?** Yes ❑ No ❑
- **If no:** Golden State Warriors
  - **Name of Source**
- **Was ticket distribution made at the behest of agency official?** Yes ❑ No ❑
  - **If yes:** Valle, Richard - Supervisor District 2
  - **Official’s Name (Last, First)**

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

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

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

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

| 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>Hernandez, Denisse</td>
<td>4</td>
<td>To reward a community volunteer for her service to the public</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>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

- 1944.1 and 1894.2. I have verified that the distribution set forth above, is in accordance with the requirements.
- **Signature of Agency Head or Designee** ❑
- **Gabriela Christy**  
  - Print Name
- **Supervisor’s Assistant**  
  - Title
  - Date (Month, Day, Year)

**Comment:**

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

### 1. Agency Name
- **Alameda County**
- **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 [ ]
- **Event Description:** Kendrick Lamar Concert
- **Face Value of Each Ticket/Pass:** $250
- **Date(s):** 08/04/17
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If no:** Golden State Warriors
- **Name of Source:**
- **If yes:** Valle, Richard - Supervisor District 2
  - **Official’s Name (Last, First):**

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

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

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

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

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

<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>Gutierrez, Freddie</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (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
- **Signature of Agency Head:**
- **Date:** 04/07/17

**Comments:**

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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)
   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 $ 150
   Event Description Green Day Concert
   Provide Title/Explanation
   Date(s) 08/05/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

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

   Wimset, James 4
   Sanders, Daniel 3

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

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

   Signature: ____________________________
   Print Name: Gabriela Christy
   Title: Supervisor's Assistant
   Date: 09/07/17

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 150
   Event Description 106KML Summer Jam
   Date(s) 08/06/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

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

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

4. Verification
   Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy
   Supervisor’s Assistant
   09/07/17
   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)
   Gabriela Christy

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Marvel Universe Live
   Face Value of Each Ticket/Pass $ 60
   Date(s) 08/11/17 08/12/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Golden State Warriors
   Name of Source
   If no: 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>Gonzalez, Michelle</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Schmidt, Lorenzo</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification
   As 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.
   
   Signature of Agency Head or Designee: Gabriela Christy
   Print Name: Supervisor’s Assistant: 09/07/17
   (Month, Day, Year)

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

1. **Agency Name**
   
   **Alameda County**

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

   **Board of Supervisors**

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

   **Area Code/Phone Number**
   
   (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**
   
   Marvel Universe Live

   **Provide Title/Explanation**

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

   **Face Value of Each Ticket/Pass $**
   
   60

   **Date(s) 08/13/17**

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

   **If yes: Golden State Warriors**

   **Name of Source**

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

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

3. **Recipients**

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

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

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

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

   

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

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

   **Identify one of the following:**

   

   

   

   **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**

   1944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   **Gabriela Christy**

   **Supervisor's Assistant**

   **Print Name**

   **Taso**

   **Date 09/07/17**

   **(Month, Day, Year)**

   **Comment:**

   FPPC Form 802 (4/12)

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

### 1. Agency Name
- **Alameda County**
- **Board of Supervisors**
- **Designated Agency Contact (Name, Title)**: 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 [ ]
- **Event Description**: Banda Ms De Sergio Lizarraga
- **Face Value of Each Ticket/Pass**: $150
- **Date(s)**: 08/05/17
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **If no: Golden State Warriors**
- **Name of Source**
- **If yes: Valle, Richard - Supervisor District 2**
- **Official's Name (Last, First)**

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

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

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

- 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

- **Unaccompanied minors collaborative**
- To reward a nonprofit organization for its contributions to the community

---

8944.1 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:

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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)
   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 $ 60
   Event Description: Shreyo Goshal
   Date(s) 08 / 26 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: 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.

<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>Dhami, Tejinder</td>
<td>4</td>
<td>- To reward a community volunteer for his service to the public</td>
</tr>
<tr>
<td></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></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.
   Gabriela Christy
   Supervisor's Assistant
   Date (Month, Day, Year)

Comment: ____________________________
### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [x]
- **Event Description:** Oakland Raiders vs. LA Rams
- **Face Value of Each Ticket/Pass:** $305.55
- **Date(s):** 08/19/17
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** Yes [x]

### 3. Recipients

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

#### B. Name of Individual
- **Name:** Nevas, Lucinda
- **Number of Ticket(s)/Pass(es):** 3/1
- **Identify one of the following:**
  - Ceremonial Role [ ]
  - Other [ ]
  - Income [ ]
- **If checking "Ceremonial Role" or "Other" describe below:**
  - Reward a community volunteer for her service to the public.

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

### 4. Other Information

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: 09/07/17 (Month, Day, Year)

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Gabriela Christy
Area Code/Phone Number  (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 Raiders vs. Seattle Seahawks
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 35.55
Date(s) 08/31/17

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

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

4. Verification
I, [Signature of Agency Head or Designee] Gabriela Christy Supervisor’s Assistant
Print Name Title (Month, Day, Year)
8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Comment:

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

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
     - Lee Ann Fergerson, Ticket Administrator
   - 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:
     - Raiders Football
   - Face Value of Each Ticket/Pass $305.55
   - Date(s) 10/15/17
   - Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
     - Name of Source
     - If no: RAIDERS
     - If yes: HAGGERTY, SCOTT
     - 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)/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:
     - 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)/Passes
   - Describe the public purpose made pursuant to the agency's policy

   LIVERMORE VALLEY PERFORMING ARTS CENTER
   2400 First St., Livermore CA 94550
   To reward a school or non-profit organization for its contributions to the community.

4. **Verification**
   - Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

   Signature of Agency Head or Designee
   [Signature]
   Print Name
   Lee Ann Fergerson
   Ticket Administrator
   Title
   8/31/17
   (month, day, year)

   Comment: [https://LVPAC.ORG](https://LVPAC.ORG)