

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Sarah Oddie		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$90 ticket/\$20 parking

Event Description Baseball game Date(s) 04 / 01 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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:
Wydler, Diane	3+p	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public
	3+p	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 \_\_\_\_\_ as 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$33

Event Description Baseball game Date(s) 04 / 01 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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:
Santa Maria, Peggy	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.

\_\_\_\_\_ Sarah Oddie \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 05.01.2017  
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Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$33

Event Description Baseball game Date(s) 04 / 03 / 17  
Provide Title/Explanation

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

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

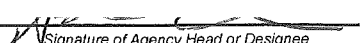
**3. Recipients**

• 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:
Rausa, Justin	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.

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

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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 \$ \_\_\_\_\_ \$100

Event Description Baseball game    Date(s) 04 / 03 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Jordan, Niema	3	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	3	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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 <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	05.01.2017 <small>(Month, Day, Year)</small>
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Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$33

Event Description Baseball game    Date(s) 04 / 04 / 17 \_\_\_\_\_  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Lum, Arlene	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**  
I have reviewed the 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
05.01.2017

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

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$33

Event Description Baseball game Date(s) 04 / 05 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Asian Health Services, 250 E 18th St, 2nd fl, Oakland, CA 94606	2	To reward a school or nonprofit organization for its contributions to the community
Provides health, social, adv. services for all regardless of income, insurance		

**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 \_\_\_\_\_ 05.01.2017  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$33

Event Description Baseball game      Date(s) 04 / 06 / 17 \_\_\_\_\_  
*Provide Title/Explanation*

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

Was ticket distribution made at the behest of agency official?      No     Yes       If yes: 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 <small><i>(Last, First)</i></small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
McCormick, Mike	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
Prola, Jim	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> To reward a community volunteer for his or her service to the public
C. Name of Outside Organization <small><i>(include address and description)</i></small>	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	05.01.2017
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>

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

**2. Function or Event Information**

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

Event Description Baseball game    Date(s) 04 / 14 / 17 \_\_\_\_\_  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Naumovich, Lech	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

<small>Signature of Agency Head or Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	05.01.2017 <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_



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Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

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

Event Description Baseball game Date(s) 04 / 15 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Fobert, Norm	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

Comment: \_\_\_\_\_

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

**2. Function or Event Information**

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

Event Description Baseball game Date(s) 04 / 15 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Lend a Hand Foundation, 7730 Pardee Ln, Oakland, CA 94621	4+p	To reward a school or nonprofit organization for its contributions to the community
Empower youth to stay in school through various programs and services		

**4. Verification**  
 I, \_\_\_\_\_, Supervisor's Assistant, 3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

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

**2. Function or Event Information**

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

Event Description Baseball game Date(s) 04 / 15 / 17  
Provide Title/Explanation

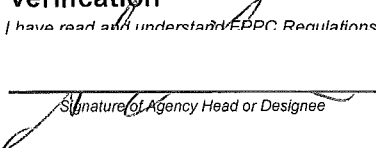
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland A's  
Name of Source

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

**3. Recipients**  
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<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b> Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Vietnamese American Comm. Ctr. East Bay, 655 International Blvd, Oakland, CA	14+2p	To reward a school or nonprofit organization for its contributions to the community
Providing quality service to low-income, refugee, immigrant pop from S.E. Asia		

**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	05.01.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

**2. Function or Event Information**

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

Event Description Baseball game    Date(s) 04 / 16 / 17 \_\_\_\_\_  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Nichols-Franz, Jan	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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	05.01.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>
		<small>(Month, Day, Year)</small>

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

A Public Document

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Sarah Oddie		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$33

Event Description Baseball game Date(s) 04 / 17 / 17  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Larkin, Joe	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

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

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Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Sarah Oddie		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$33

Event Description Baseball game Date(s) 04 / 18 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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:
Amperosa, Robin	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.

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

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

**A Public Document**

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Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Sarah Oddie		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 MVP, \$80 box

Event Description Baseball game Date(s) 04 / 19 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
San Leandro Senior Comm. Ctr., 13909 E 14th St, San Leandro, CA 94578	2 MVP	To reward a school or nonprofit organization for its contributions to the community
Provides classes and events for seniors in San Leandro	18 Box	

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

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

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

**A Public Document**

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Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title)  Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

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

Event Description Baseball game    Date(s) 04 / 20 / 17    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Miller, Kristi	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	05.01.2017 <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

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Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Sarah Oddie		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$33

Event Description Baseball game Date(s) 04 / 21 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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:
Elliott, Laura	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

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

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Division, Department, or Region (If Applicable)  Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title)  Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes  No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$33

Event Description Baseball game      Date(s) 04 / 22 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?      No  Yes       If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Murphy, Eric	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.

 <small>Signature of Agency Head or Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	05.01.2017 <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title)  Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$33

Event Description Baseball game    Date(s) 04 / 23 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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:
Magallon, Maria	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

_____ <small>Signature of Agency Head or Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	05.01.2017 <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b>
Division, Department, or Region (If Applicable) Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title) Sarah Oddie			<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)
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 \$ \$5000 ticket/\$40 park

Event Description Basketball Game      Date(s) 04 / 16 / 17  
Provide Title/Explanation

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

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

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

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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Cravalho, Christopher	4+p	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	4+p	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.

_____ <small>Signature of Agency Head or Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	05.01.2017 <small>(Month, Day, Year)</small>
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Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <i>(Month, Day, Year)</i>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$5000 ticket

Event Description Basketball Game    Date(s) 04 / 19 / 17  
*Provide Title/Explanation*

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

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

**3. Recipients**

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

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 <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Chan, Carl	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for his or her service to the public
Kubo, Theresa	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> 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 hav \_\_\_\_\_ tions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

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

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<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title)  Sarah Oddie		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$200

Event Description Chance the Rapper    Date(s) 04 / 26 / 17 \_\_\_\_\_  
Provide Title/Explanation

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

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

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

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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Matsuno, Amy	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...County sponsored event...in order to maximize potential County revenue...concession sales
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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 <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	03.27.2017 <small>(Month, Day, Year)</small>
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Agency Report of:  
**Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Event Description baseball Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 1440

Date(s) 8, 13, 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: 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/Pass(es)	Describe the public purpose made pursuant to the agency's policy.
B. Name of Individual (Last, First)	Number of Tickets/Pass(es)	Identify one of the following:
		no <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Tickets/Pass(es)	Describe the public purpose made pursuant to the agency's policy.
<u>Tri-Valley Foundation</u> <u>TV-30</u> <u>4663 Bernal Ave Ste B</u> <u>Pleasanton, CA 94566</u>	<u>186/4</u>	To reward a school or non-profit organization for its contributions to the community

4. Verification

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

Lee Ann Ferguson Supervisor's Assistant 4/24/17  
Print Name Title (Month, Day, Year)

Comment: 2th Annual Tri-Valley athletes awards event: 5/25/17  
 The objective is to promote physical & academic education in High School students and encourage life-long good citizens through team work.

FPPC Form 802 (4/12)  
 FPPC/TOL-Free Hotline: 866/ASK-FPPC (866/275-7772)

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Face Value of Each Ticket/Pass \$ 42.00

Event Description Baseball  
Provide Title/Explanation

Date(s) 5.2.17

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: 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
		To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. Name of Individual	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Daniel Cabral</u>	<u>2</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
		To reward a school or non-profit organization for its contributions to the community

**4. Verification**

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

Signature of Agency Head or Designee

Lee Ann Ferguson  
Print Name

Supervisor's Assistant  
Title

4-24-17  
(Month, Day, Year)

Comment:



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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Designated Agency Contact (Name, Title)			
Lee Ann Ferguson, Supervisor's Assistant			
Area Code/Phone Number (510) 272-8691	E-mail leearn.fergerson@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Event Description: Baseball Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 2.00

Date(s) 5, 10, 17, 16, 2, 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: 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/Pass(es)	Describe the public purpose made pursuant to the agency's policy.
B. Name of Individual (Last, First)	Number of Tickets/Pass(es)	Identify one of the following:
		<input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Tickets/Pass(es)	Describe the public purpose made pursuant to the agency's policy.
<u>Alameda Health System Foundation</u> <u>350 Frank Ogawa Plaza</u> <u>Ste 900 Oakland, CA 94612</u>	<u>4</u>	To reward a school or non-profit organization for its contributions to the community

4. Verification

I 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: Lee Ann Ferguson Title: Supervisor's Assistant Date: 4/20/17

Comment: Annual Fundraiser Gala to help raise funds for life saving programs & services

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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region <i>(If Applicable)</i>  Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Lee Ann Ferguson, Supervisor's Assistant Area Code/Phone Number   E-mail (510) 272-6691   leeann.fergerson@acgov.org		Date Stamp	California Form <b>802</b> For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 5,000

Event Description Warriors    Date(s) 4/19/17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: Alameda County Supervisor Scott Haggerty, D 1  
Official's Name (Last, First)

**3. Recipients**  
 • Use Section 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/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Tickets/Pass(es)	Identify one of the following:
		To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <span style="float:right">no <input type="checkbox"/></span>
<u>Supervisor Scott Haggerty</u>	<u>4</u>	To evaluate the contribution of a facility or event to the County's goals for fostering arts, culture and entertainment opportunities for County residents <span style="float:right">income <input type="checkbox"/></span>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Tickets/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Lee Ann Ferguson    Supervisor's Assistant    4/19/17  
Signature of Agency Head or Designee    Print Name    Title    (Month, Day, Year)

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 200.00

Event Description Chance the Rapper Date(s) 4/26/17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Alameda County Supervisor Scott Haggerty, D 1  
Official's Name (Last, First)

3. Recipients

• Use Section 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
		To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. Name of Individual	Number of Tickets/Passes	Identify one of the following:
		To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input type="checkbox"/>
<u>Supervisor Scott Haggerty, Dist. 1</u>	<u>4</u>	To evaluate the contribution of a facility or event to the County's goals for fostering arts, culture and entertainment opportunities for County residents <input type="checkbox"/>
C. Name of Outside Organization (include address and description)	Number of Tickets/Passes	Describe the public purpose made pursuant to the agency's policy
		To reward a school or non-profit organization for its contributions to the community

4. Verification

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

Lee Ann Ferguson Supervisor's Assistant 4-17-17  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name		Date Stamp	California Form <b>802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(510) 272-6691	leeann.fergerson@acgov.org	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Event Description Baseball 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 \$ 42.00

Date(s) 4.17.17

If no: Oakland Athletics 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 Tickets/Pass(es)	Describe the public purpose made pursuant to the agency's policy
		To obtain oversight of facilities or events that have received County funding or support
B. Name of Individual (Last, First)	Number of Tickets/Pass(es)	Identify one of the following:
<u>John Weed</u>	<u>2</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <span style="float: right;">no <input type="checkbox"/></span>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Tickets/Pass(es)	Describe the public purpose made pursuant to the agency's policy
		To reward a school or non-profit organization for its contributions to the community

4. Verification

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

Lee Ann Ferguson Supervisor's Assistant 4/17/17  
Print Name Title (Month, Day, Year)



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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Warriors Playoffs  
 Game A Round 1  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 5,000

Date(s) 4, 16, 17

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

If no: GSW  
Name of Source

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

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

**3. Recipients**

• Use Section 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/Pass(es)	Describe the public purpose made pursuant to the agency's policy.
B. Name of Individual (Last, First)	Number of Tickets/Pass(es)	Identify one of the following:
		<input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Tickets/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>S.A.V.E</u> <u>Safe Alternatives to Violent Environments</u> <u>1900 Mowry Ave., Ste 204</u> <u>Fremont, CA 94538</u>	<u>4/1</u>	To reward a school or non-profit organization for its contributions to the community

**4. Verification**

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

Signature of Agency Head or Designated: \_\_\_\_\_  
 Print Name: Lee Ann Ferguson  
 Title: Supervisor's Assistant  
 Date: 4-13-17  
(Month, Day, Year)

Comment: Fundraiser to help with programs at S.A.V.E for battered women and their children

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**

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 1,700.00

Event Description Baseball Date(s) 6/30/17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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) / Pass(es)	Describe the public purpose made pursuant to the agency's policy.
B. Name of Individual (Last, First, MI)	Number of Ticket(s) / Pass(es)	Identify one of the following:
		<input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.
<u>Las Positas College 3000 Campus Hill Drive Livermore CA 94551-7623</u>		To reward a school or non-profit organization for its contributions to the community

4. Verification

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

\_\_\_\_\_  
 Lee Ann Ferguson Supervisor's Assistant  
Print Name Title

\_\_\_\_\_  
 4-13-17  
(Month, Day, Year)

Comment: Fundraiser to help the foundation address the most critical unmet needs of Las Positas College students and programs; student scholarships, campus innovation grants and the LPC Performing Arts Program.

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**

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_

Event Description Baseball Date(s) 5, 9, 17 5, 24, 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
		To obtain oversight of facilities or events that have received County funding or support
B. Name of Individual	Number of Ticket(s)/Pass(es)	Identify one of the following
		To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
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
<u>TRI-VALLEY YMCA</u> <u>5000 Pleasanton Ave</u> <u>Pleasanton CA 94566</u>	<u>4</u>	To reward a school or non-profit organization for its contributions to the community

4. Verification

I, Lee Ann Ferguson Supervisor's Assistant, on 4/11/17 have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_  
Print Name Title (Month, Day, Year)

Comment: TRI-VALLEY YMCA 10th Annual Golf Tournament  
Fundraiser, Counseling services and other critical programs for "KIDS."

FPPC Form 802 (4/12)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_

Event Description A's Baseball Date(s) 4, 19, 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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)/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:
<u>Monica Di Paola</u>	<u>2</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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**

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

\_\_\_\_\_ Lee Ann Ferguson \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 4/11/17  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_



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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 1,000

Event Description Warriors Date(s) 4, 10, 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Alameda County Supervisor Scott Haggerty, D 1  
Officer's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Tickets/Pass(es)	Describe the public purpose made pursuant to the agency's policy.
		To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. Name of Individual	Number of Tickets/Pass(es)	Identify one of the following:
<u>Jason Story</u>	<u>4</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Tickets/Pass(es)	Describe the public purpose made pursuant to the agency's policy
		To reward a school or non-profit organization for its contributions to the community

**4. Verification**

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

Lee Ann Ferguson Supervisor's Assistant 4-10-17  
Print Name Title (Month, Day, Year)

Comment: U U

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**

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Supervisor's Assistant			
Area Code/Phone Number (510) 272-6691	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_

Event Description BASEBALL A's Date(s) 4, 16, 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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/Pass(es)	Describe the public purpose made pursuant to the agency's policy.
		To obtain oversight of facilities or events that have received County funding or support
B. Name of Individual (Last, First)	Number of Tickets/Pass(es)	Identify one of the following:
<u>Arlo Ysitt</u>	<u>2</u>	To reward a community volunteer for his or her service to the public. <input checked="" type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization (Include address and description)	Number of Tickets/Pass(es)	Describe the public purpose made pursuant to the agency's policy.
		To reward a school or non-profit organization for its contributions to the community

4. I, Lee Ann Ferguson Supervisor's Assistant, on 4-10-17 1944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  
Print Name Title (Month, Day, Year)

Comment: UU

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**

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Supervisor's Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ \_\_\_\_\_

Date(s): 5, 9, 17, 5, 24, 17

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

If no: Alameda Athletics  
Name of Source

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

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

3. Recipients

• Use Section 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:
		<input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <small>If checking "Ceremonial Role" or "Other" describe below.</small>
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.
<u>TRI-VALLEY YMCA</u> <u>5000 Pleasanton Ave Suite 220</u> <u>Pleasanton, CA 94566</u>	<u>4</u>	To reward a school or non-profit organization for its contributions to the community

4. Verification

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

Signature of Agency Head or Designee    Lee Ann Ferguson    Supervisor's Assistant    4-7-14  
Print Name    Title    (Month, Day, Year)

Comment: Charity golf tournament for youth development

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

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description BASEBALL Provide Title/Explanation Date(s) 6, 4, 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: Alameda County Supervisor Scott Haggerty, D 1 Official's Name (Last, First)

Face Value of Each Ticket/Pass \$ 1,700

**3. Recipients**

• Use Section 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.
		To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. Name of Individual (Last, First)	Number of Tickets/Passes	Identify one of the following:
		To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Tickets/Passes	Describe the public purpose made pursuant to the agency's policy.
<u>Washington Hospital Healthcare Foundation</u> <u>2000 Mowry Avenue</u> <u>Fremont CA 94538</u>	<u>18/3</u>	To reward a school or non-profit organization for its contributions to the community

**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 Ferguson Print Name Supervisor's Assistant: Lee Ann Ferguson Title Date: 4-6-17 (Month, Day, Year)

Comment: 32nd Annual Golf tournament Fundraising Event



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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Supervisor's Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-8691	E-mail leeann.fergerson@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Baseball  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 30.00

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

Date(s): 4, 5, 17

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

If no: Oakland Athletics  
Name of Source

If yes: Alameda County Supervisor Scott Haggerty, D 1  
Officer's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Tickets/Pass(es)	Describe the public purpose made pursuant to the agency's policy.
<u>General Services Agency</u>	<u>2</u>	To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. Name of Individual (Last, First)	Number of Tickets/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Tickets/Pass(es)	Describe the public purpose made pursuant to the agency's policy.

**4. Verification**

3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson      Supervisor's Assistant      4-5-17  
Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Supervisor's Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510) 272-6691	E-mail leeann.fergerson@acgov.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Face Value of Each Ticket/Pass \$ ~~30.00~~ 27.00

Event Description Baseball ASTROS  
Provide Title/Explanation

Date(s) 4.14.17 4.15.17

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: 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/Pass(es)	Describe the public purpose made pursuant to the agency's policy.
		To obtain oversight of facilities or events that have received County funding or support
B. Name of Individual (Last, First)	Number of Tickets/Pass(es)	Identify one of the following:
		To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <span style="float: right;">no <input type="checkbox"/></span>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization (include address and description)	Number of Tickets/Pass(es)	Describe the public purpose made pursuant to the agency's policy.
<u>Drivers for Survivors</u> <u>39270 Paseo Padre Pkwy</u> <u>#355 Fremont CA 94538</u>	<u>4</u>	To reward a school or non-profit organization for its contributions to the community

## 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 Ferguson  
Print Name

Supervisor's Assistant  
Title

4-31-17  
(Month, Day, Year)

Comment: Help in fundraising efforts to provide free supportive companionship and transportation for Ambulatory patients under going life saving cancer treatments in Fremont/ Newark / Union City

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)

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

A Public Document

1. Agency Name		Date Stamp	California Form <b>802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(510) 272-6691	leeann.fergerson@acgov.org	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 27.00

Event Description Baseball Date(s) 5, 23, 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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
		To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. Name of Individual	Number of Tickets/Passes	Identify one of the following:
		To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Tickets/Passes	Describe the public purpose made pursuant to the agency's policy
<u>Mission San Jose High School</u>	<u>2</u>	To reward a school or non-profit organization for its contributions to the community
<u>Parents of Universal Performers &amp; Performing Arts Dept.</u>		

4. Verification

16944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson Supervisor's Assistant 4-4-17  
Print Name Title (Month, Day, Year)

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title) Briana Brown		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510)272-6695	E-mail briana.brown2@acgov.org		

**2. Function or Event Information**

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

Event Description A's vs. Rangers      Date(s) 04 / 20 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**  
 • Use Section 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. <small>(Agency Department or Unit)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Count Administrator office	2	To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. <small>(Name of Individual)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <small>(Name of Outside Organization)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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



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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title)  Briana Brown		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510)272-6695	E-mail briana.brown2@acgov.org		

**2. Function or Event Information**

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

Event Description A's vs. Rangers      Date(s) 04 / 19 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**

• Use Section 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>Name of Agency, Department, or Unit</b>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Count Administrator office	2	To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. <b>Name of Individual</b> <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <b>Name of Outside Organization</b> <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			
Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Briana Brown		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
Area Code/Phone Number (510)272-6695	E-mail briana.brown2@acgov.org		

**2. Function or Event Information**

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

Event Description A's vs. Rangers    Date(s) 04 / 17 / 17  
*Provide Title/Explanation*

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

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: Carson, Keith - Supervisor District 5  
*Official's Name (Last, First)*

**3. Recipients**

• Use Section 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>Name of Agency Department or Unit</b>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Count Administrator office	2	To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. <b>Name of Individual</b> <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. <b>Name of Outside Organization</b> <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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



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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable)  Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number      E-mail (510)272-6695                      briana.brown2@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ 80+(\$ 20Parking)

Event Description A's vs. Mariners      Date(s) 04 / 21 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes       No       If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official?      No       Yes       If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**

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

<b>A. Name of Agency, Department, or Unit</b>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B. Name of Individual (Last, First)</b>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C. Name of Outside Organization (include address and description)</b>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Andrew Flugelman Foundation Berkeley, California	4	To reward a school or nonprofit organization for its contributions to the community;
Scholarships and computers to low income students	1	1 parking pass

**4. Verification**

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

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

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b>
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown			<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)
Area Code/Phone Number (510)272-6695	E-mail briana.brown2@acgov.org		

**2. Function or Event Information**

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

Event Description A's vs. Mariners      Date(s) 04 / 23 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**

• Use Section 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. <small>Name of Agency, Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Social Services agency</u>	2	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
<b>B. <small>Name of Individual (Last, First)</small></b>		
	Number of Ticket(s)/Pass(es)	<b>Identify one of the following:</b>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C. <small>Name of Outside Organization (include address and description)</small></b>		
	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I, \_\_\_\_\_, Supervisor's Assistant, on 04/28/17, in accordance with FPPC sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

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



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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number      E-mail (510)272-6695                      briana.brown2@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 5000

Event Description Basketball      Date(s) 04 / 19 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?      No       Yes       If yes: 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.

<b>A.</b> <small>Name of Agency, Department or Unit</small>	<b>Number of Ticket(s)/Pass(es)</b>	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> <small>Name of Individual (Last, First)</small>	<b>Number of Ticket(s)/Pass(es)</b>	Identify one of the following:
Maria Carson	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b> <small>Name of Outside Organization (include address and description)</small>	<b>Number of Ticket(s)/Pass(es)</b>	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

<small>Signature of Agency Head or Designee</small>	Briana Brown <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	04/28/17 <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable)  Board of Supervisors Designated Agency Contact (Name, Title)  Briana Brown Area Code/Phone Number      E-mail (510)272-6695                      briana.brown2@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ **80**

Event Description A's vs. Mariners      Date(s) 04 / 21 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes       No       If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official?      No       Yes       If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**

• Use Section 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. <small>Name of Agency, Department, or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Keith Carson	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To obtain oversight of facilities or events that have received County funding or support
	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <small>Name of Outside Organization (include address and description)</small>	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 Print Name	Supervisor's Assistant Title	04/28/17 (Month, Day, Year)
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number      E-mail (510)272-6695                      briana.brown2@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)		Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ 80+(\$20Parking)

Event Description A's vs. Mariners      Date(s) 04 / 21 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes       No       If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official?      No       Yes       If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**

• Use Section 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. <small>Name of Agency Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Shomari Carter	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a County employee for his or her exemplary service to the public or to encourage staff development
	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable)  Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number      E-mail (510)272-6695                      briana.brown2@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>			

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ 80+(\$ 20Parking)

Event Description A's vs. Mariners      Date(s) 04 / 21 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes       No       If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official?      No       Yes       If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**

• Use Section 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. <small>Name of Agency, Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Kendrick Cunningham	6	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
	6	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Alameda County <hr/> Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors <hr/> Designated Agency Contact <i>(Name, Title)</i> Briana Brown <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Area Code/Phone Number</td> <td style="border: none;">E-mail</td> </tr> <tr> <td style="border: none;">(510)272-6695</td> <td style="border: none;">briana.brown2@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510)272-6695	briana.brown2@acgov.org	Date Stamp	<b>California Form 802</b> For Official Use Only
Area Code/Phone Number	E-mail						
(510)272-6695	briana.brown2@acgov.org						
		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>					
		Date of Original Filing: _____ <i>(Month, Day, Year)</i>					

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 100

Event Description A's vs. Angels      Date(s) 04 / 03 / 17  
*Provide Title/Explanation*

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

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: Carson, Keith - Supervisor District 5  
*Official's Name (Last, First)*

**3. Recipients**

• Use Section 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. <u>Name of Agency, Department or Unit</u>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B. <u>me or individual</u> (Last, First)</b>		
Robert Coleman	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for his or her service to the public
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<b>C. <u>Name of Outside Organization (include address and description)</u></b>		

**4. Verification**

I, Briana Bown, Supervisor's Assistant, on 04/28/17, pursuant to Sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

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

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
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	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
		Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

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

Event Description A's vs. Angels      Date(s) 04 / 03 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**

• Use Section 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. <small>Agency Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Keith Carson	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To evaluate the contribution of a facility or an event to the County's goals for fostering arts, culture and entertainment Oppor
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

(Month, Day, Year)



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

**A Public Document**

<p><b>1. Agency Name</b> Alameda County</p> <p><i>Division, Department, or Region (If Applicable)</i></p> <p>Board of Supervisors</p> <p><i>Designated Agency Contact (Name, Title)</i></p> <p>Briana Brown</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>Area Code/Phone Number</b> (510)272-6695</td> <td style="width:50%;"><b>E-mail</b> briana.brown2@acgov.org</td> </tr> </table>	<b>Area Code/Phone Number</b> (510)272-6695	<b>E-mail</b> briana.brown2@acgov.org	<p>Date Stamp</p>	<p><b>California Form 802</b> For Official Use Only</p> <p><input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)</p> <p><b>Date of Original Filing:</b> _____ (Month, Day, Year)</p>
<b>Area Code/Phone Number</b> (510)272-6695	<b>E-mail</b> briana.brown2@acgov.org			

**2. Function or Event Information**

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

Event Description A's vs. Angels      Date(s) 04 / 04 / 17 \_\_\_\_\_  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Oakland Athletics \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: Carson, Keith - Supervisor District 5 \_\_\_\_\_  
*Official's Name (Last, First)*

**3. Recipients**

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

<b>A.</b> <u>Name of Agency, Department or Unit</u>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> <u>Name of Individual</u> <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Shomari Carter	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a County employee for his or her exemplary service to the public or to encourage staff development
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<b>C.</b> <u>Name of Outside Organization</u> <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have \_\_\_\_\_ Briana Bown \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 04/28/17  
10 \_\_\_\_\_ *Print Name* \_\_\_\_\_ *Title* \_\_\_\_\_ *(Month, Day, Year)*

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region <i>(If Applicable)</i>  Board of Supervisors Designated Agency Contact <i>(Name, Title)</i>  Briana Brown Area Code/Phone Number      E-mail (510)272-6695                      briana.brown2@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**2. Function or Event Information**

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

Event Description A's vs. Astros      Date(s) 04 / 14 / 17  
*Provide Title/Explanation*

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

Was ticket distribution made at the behest of agency official?      No       Yes       If yes: Carson, Keith - Supervisor District 5  
*Official's Name (Last, First)*

**3. Recipients**

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

<b>A.</b> <u>Name of Agency, Department or Unit</u>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> <u>Name of Individual</u> <span style="font-size: x-small;"><i>(Last, First)</i></span>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Richard Cao Aisan Health Services	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a school or nonprofit organization for its contributions to the community
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<b>C.</b> <u>Name of Outside Organization</u> <span style="font-size: x-small;"><i>(Include address and description)</i></span>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title) Briana Brown		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510)272-6695	E-mail briana.brown2@acgov.org		

**2. Function or Event Information**

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

Event Description A's vs. Rangers      Date(s) 04 / 18 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**

• Use Section 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. <small>Name of Agency Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
James Brown	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parkin
C. <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

\_\_\_\_\_  
 Briana Bown  
Print Name

 \_\_\_\_\_  
 Supervisor's Assistant  
Title

 \_\_\_\_\_  
 04/28/17  
(Month, Day, Year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title)  Briana Brown		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510)272-6695	E-mail briana.brown2@acgov.org		

**2. Function or Event Information**

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

Event Description A's vs. Mariners      Date(s) 04 / 21 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**

• Use Section 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. <u>Name of Agency, Department or Unit</u>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <u>Name of Individual</u> <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Ismael Contreras & Karina Paredes, Cal students	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a student for outstanding scholastic achievement
C. <u>Name of Outside Organization</u> <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

Comment: [Signature]

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

**2. Function or Event Information**

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

Event Description A's vs. Mariners      Date(s) 04 / 22 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**


• Use Section 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. <u>Name of Agency, Department or Unit</u>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <u>Name of Individual</u> <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Carol Burton	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a County employee for his or her exemplary service to the public or to encourage staff development
C. <u>Name of Outside Organization</u> <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

Comment: 

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Designated Agency Contact (Name, Title)			
Briana Brown			
Area Code/Phone Number	E-mail		
(510)272-6695	briana.brown2@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 90

Event Description A's vs. Mariners    Date(s) 04 / 23 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**

• Use Section 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>Name of Agency Department or Unit</b>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <b>Name of Individual</b> <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Keith Carson	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To obtain oversight of facilities or events that have received County funding or support
	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <b>Name of Outside Organization</b> <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

<small>Signature of Agency Head or Designee</small>	Briana Brown <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	04/28/17 <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title) Briana Brown		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510)272-6695	E-mail briana.brown2@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 90

Event Description A's vs. Mariners Date(s) 04 / 23 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**

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

<b>A.</b> <small>Name of Agency, Department, or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Bulmaro Vicente	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a County employee for his or her exemplary service to the public or to encourage staff development
	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b> <small>Name of Outside Organization (Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I ha \_\_\_\_\_ is 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 Briana Brown

\_\_\_\_\_  
Title Supervisor's Assistant

\_\_\_\_\_  
(Month, Day, Year) 04/28/17

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
<b>Designated Agency Contact (Name, Title)</b> Briana Brown			
<b>Area Code/Phone Number</b> (510)272-6695	<b>E-mail</b> briana.brown2@acgov.org	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 90+(\$20 Parking)

Event Description A's vs. Mariners Date(s) 04 / 23 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**

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

<b>A.</b> <small>Name of Agency Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Carol Burton	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a County employee for his or her exemplary service to the public or to encourage staff development
	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b> <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I, Briana Brown, Supervisor's Assistant, on 04/28/17, is 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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



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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Briana Brown Area Code/Phone Number      E-mail (510)272-6695                      briana.brown2@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**2. Function or Event Information**

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

Event Description A's vs. Astros      Date(s) 04 / 15 / 17  
*Provide Title/Explanation*

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

Was ticket distribution made at the behest of agency official?      No     Yes       If yes: Carson, Keith - Supervisor District 5  
*Official's Name (Last, First)*

**3. Recipients**

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

<b>A.</b> <u>Name of Agency, Department or Unit</u>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> <u>Name of Individual</u> <span style="font-size: x-small;"><i>(Last, First)</i></span>	Number of Ticket(s)/Pass(es)	Identify one of the following:
	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
James Brown	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parkin
<b>C.</b> <u>Name of Outside Organization</u> <span style="font-size: x-small;"><i>(include address and description)</i></span>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

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

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Nancy Sa Area Code/Phone Number      E-mail (510) 272-6692                  nancy.sa@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>			

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 90

Event Description Oakland A's vs. Seattle Mariners      Date(s) 4 / 22 / 17 \_\_\_\_\_  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?      Yes     No       If no: Oakland Athletics  
Name of Source

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

**3. Recipients**

• Use Section 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 <span style="font-size: x-small;">(Last, First)</span>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Valle, Richard	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To obtain oversight of facilities that have received County funding
Sanborn, Robert	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for his service to the public.
C. Name of Outside Organization <span style="font-size: x-small;">(include address and description)</span>	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	<u>Nancy Sa</u> Print Name	<u>Supervisor's Assistant</u> Title	<u>4/28/17</u> (Month, Day, Year)
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Comment: Includes 3 parking passes at the value of \$20 each.



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

Agency Name  
Alameda County

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Prentiss, Jake	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for his service to the public.
Moreno, Cassandra	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for her service to the public.
Sanchez, Melisio	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for her service to the public.
Rodriguez, Edgar	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for his service to the public.
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy



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

Agency Name

Alameda County

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Dutton, John	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for his service to the public.
McEvoy, Zion	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for her service to the public.
Fillmore, Atticus	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for his service to the public.
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 80

Event Description Oakland A's vs. SF Giants      Date(s) 4 / 1 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Oakland Athletics  
Name of Source

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

**3. Recipients**

• Use Section 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Respaldiza, Nancy	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for her service to the public.
	3	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.*

_____ <small>Signature of Agency Head or Designee</small>	Nancy Sa <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	4/28/17 <small>(Month, Day, Year)</small>
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Comment: Includes 1 parking pass at the value of \$20.

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 100

Event Description Oakland A's vs. LA Angels      Date(s) 4 / 3 / 17  
*Provide Title/Explanation*

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

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

**3. Recipients**  
 • Use Section 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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Armas, Karla	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for her service to the public.
	3	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	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.*

_____ <i>Signature of Agency Head or Designee</i>	Nancy Sa <i>Print Name</i>	Supervisor's Assistant <i>Title</i>	4/28/17 <i>(Month, Day, Year)</i>
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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 25

Event Description Oakland A's vs. SF Giants      Date(s) 4 / 1 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Oakland Athletics  
Name of Source

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

**3. Recipients**  
 • Use Section 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Cisneros, Arturo	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his service to the public.
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

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

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable)  Board of Supervisors Designated Agency Contact (Name, Title)  Nancy Sa Area Code/Phone Number      E-mail (510) 272-6692                      nancy.sa@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 25

Event Description Oakland A's vs. LA Angels      Date(s) 4 / 4 / 17      4 / 6 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes     No       If no: Oakland Athletics  
Name of Source

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

**3. Recipients**  
 • Use Section 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Corona, Norma	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for her service to the public.
Martinez, Christina	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for her service to the public.
C. Name of Outside Organization <small>(include address and description)</small>	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.

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



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

Agency Name  
Alameda County

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
De La Cruz, Alejandra	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for her service to the public.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa Area Code/Phone Number      E-mail (510) 272-6692                      nancy.sa@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**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. Astros      Date(s) 4 / 14 / 17      4 / 16 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes     No       If no: Oakland Athletics  
Name of Source

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

**3. Recipients**

• Use Section 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:
	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
South Hayward Parish; 27287 Patrick Ave., Hayward, CA 94544	6	To reward a non profit organization for its contributions to the community.
Provides emergency short term assistance to individuals and families.		

**4. Verification**

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

_____ <small>Signature of Agency Head or Designee</small>	Nancy Sa <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	4/28/17 <small>(Month, Day, Year)</small>
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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 25

Event Description Oakland A's vs. Rangers      Date(s) 4 / 17 / 17      4 / 19 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Oakland Athletics  
Name of Source

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

**3. Recipients**  
 • Use Section 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Afghan Coalition; 29155 Liberty Street, Fremont CA 94538	6	To reward a non profit organization for its contributions to the community.
Empowers refugee families through provision of services		

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

_____ Signature of Agency Head or Designee	Nancy Sa Print Name	Supervisor's Assistant Title	4/28/17 (Month, Day, Year)
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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 200

Event Description Chance the Rapper      Date(s) 4 / 26 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Martinez, Mike	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his service to the public.
Singer, Kris	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for her service to the public.
C. Name of Outside Organization <small>(include address and description)</small>	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.

_____ <small>Signature of Agency Head or Designee</small>	Nancy Sa <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	4/28/17 <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 5000

Event Description Warriors vs. Trail Blazers      Date(s) 4 / 16 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: 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:
Aro, Mark	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his service to the public.
	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

_____ <small>Signature of Agency Head or Designee</small>	Nancy Sa <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	4/28/17 <small>(Month, Day, Year)</small>
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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 5000

Event Description Warriors vs. Trail Blazers      Date(s) 4 / 19 / 17  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	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:
Bocog, Vanessa	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for her service to the public.
	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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	Nancy Sa Print Name	Supervisor's Assistant Title	4/28/17 (Month, Day, Year)
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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 1100

Event Description Warriors vs. Wizards      Date(s) 4 / 2 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: 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 <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
St. Rose Hospital Foundation; 27200 Calaroga Ave. Hayward, CA 94545	4	To reward a non profit organization for its contributions to the community.
Support the mission to provide quality healthcare for those in need		

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

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

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



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

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 1000

Event Description Warriors vs. Timberwolves      Date(s) 4 / 4 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Nicholson, Brandon	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his service to the public.
	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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	Nancy Sa Print Name	Supervisor's Assistant Title	4/28/17 (Month, Day, Year)
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Comment: Includes 1 parking pass at the value of \$30

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

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa Area Code/Phone Number      E-mail (510) 272-6692                  nancy.sa@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 1200

Event Description Warriors vs. Pelicans      Date(s) 4 / 8 / 17 \_\_\_\_\_  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?      No       Yes       If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Reiner, Eileen	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for her service to the public.
	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.*

_____ <small>Signature of Agency Head or Designee</small>	Nancy Sa <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	4/28/17 <small>(Month, Day, Year)</small>
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Comment: Includes 1 parking pass at the value of \$30

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

A Public Document

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

## 2. Function or Event Information

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 1000

Event Description Warriors vs. Utah Jazz      Date(s) 4 / 10 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Craig, Benji	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his service to the public.
	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.

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

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

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

A Public Document

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

## 2. Function or Event Information

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 1200

Event Description Warriors vs. LA Lakers      Date(s) 4 / 12 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Henderson-Lovato, Annica	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for her service to the public.
	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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: \_\_\_\_\_ Nancy Sa      Supervisor's Assistant      4/28/17  
Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 200

Event Description Julion Alvaraz      Date(s) 4 / 29 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Saavedra, Rosario	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for her service to the public.
	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number 510-891-5585 E-mail anna.gee@acgov.org		Date Stamp  California Form <b>802</b> For Official Use Only
		<input type="checkbox"/> 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 \$ 200000 304/20

Event Description baseball game Date(s) 3 / 18 / 17  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
BOS District 4 Staff	5	To reward a County employee for their exemplary service to the public.
General Services Agency	1	
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<del>Moore</del> Moore, Chuck	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.
Chase, Steve	2	Income <input type="checkbox"/>
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.

\_\_\_\_\_ Anna Gee Executive Assistant 4/3/17  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Face Value of Each Ticket/Pass \$ 75

Event Description Disney On Ice  
Provide Title/Explanation

Date(s) 3/1/17 3/2/17

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

If no: Golden State Warriors  
Name of Source

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	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:
<u>Chuin, Angela</u>	<u>4</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <u>To promote attendance at an event held at a county facility in order to</u>
<u>Mohammad, Ansar</u> <del>Amir</del>	<u>4</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <u>maximize potential County revenue through parking and concession sales.</u>
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.

Anna Gee  
Signature of Agency Head or Designee

Anna Gee  
Print Name

Executive Assistant  
Title

4/3/17  
(Month, Day, Year)

Comment: Amorey received 3/2/17 fix.



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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Face Value of Each Ticket/Pass \$ 75

Event Description Dejeu On Ice  
Provide Title/Explanation

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

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

If no: Golden State Warriors  
Name of Source

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	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 <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
<u>Vargas, Adrianna</u>	<u>4</u>	<u>to provide attendance at an event held at a County facility in order</u>
<u>Ramirez, Socorro</u>	<u>4</u>	<u>to maximize potential county revenue from parking and concession sales.</u>
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 the FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Anna Gee Executive Assistant Title: 4/3/17  
 (Month, Day, Year)

Comment: Vargas received 3/3 tickets.

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Disney On Ice  
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 \$ 75

Date(s) 3 / 5 / 17

If no: Golden State Warriors  
Name of Source

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:  Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<u>Rodriguez, Jocelyn</u>	<u>4</u>	<u>To promote attendance at an event held at a County facility in order to maximize potential County revenue through parking and concession sales</u>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Anna Gee

Executive Assistant

4/3/17  
(Month, Day, Year)

Comment: \_\_\_\_\_

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description Basketball Game Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 314.80

Date(s) 3/16/17 3/18/17

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

If no: Golden State Warriors Name of Source

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605  SENIOR ADVOCACY	<u>4</u>	To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.

**4. Verification**

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

\_\_\_\_\_ Anna Gee Executive Assistant \_\_\_\_\_ 4/3/17  
 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

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

Agency Name

Alameda County

3. Recipients

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

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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Sunflower Hill PO Box 11436 Pleasanton 94588	4	To reward a non profit organization for their contributions to the community



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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 304.80

Event Description \_\_\_\_\_ Date(s) 3/24/17 3/26/17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Reems, Maria</u>	<u>4</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales. Income <input type="checkbox"/>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605  SENIOR ADVOCACY	<u>4</u>	To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.

**4. Verification**

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

_____	Anna Gee	Executive Assistant	<u>4/5/17</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month/Day, Year)</small>

Comment: \_\_\_\_\_

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 304.80

Event Description Basketball Game Date(s) 3, 31, 17  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605  SENIOR ADVOCACY	<u>4</u>	To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.

**4. Verification**

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

Signature of Agency Head or Designee

Anna Gee  
Print Name

Executive Assistant  
Title

4/3/17  
(Month, Day, Year)

Comment: \_\_\_\_\_





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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable)  Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number      E-mail (510)272-6695                      briana.brown2@acgov.org		Date Stamp	California Form <b>802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ **80**

Event Description A's Baseball      Date(s) 05 / 5 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes       No       If no: Oakland Athletics  
Name of Source

Was ticket distribution made at the behest of agency official?      No       Yes       If yes: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

**3. Recipients**

• Use Section 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. <small>Name of Agency, Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Student Program for Academic and Athletic transitioning	2	

**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.

<small>Signature of Agency Head or Designee</small>	Briana Bown <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	04/28/17 <small>(Month, Day, Year)</small>
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Comment: 2 field tickets

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

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number   E-mail (510)272-6695   briana.brown2@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> 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 \$ \_\_\_\_\_ 200

Event Description Chance the Rapper    Date(s) 04 / 26 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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. <small>Name of Agency, Department, or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Board of Supervisors D5</u>	<u>4</u>	<u>To reward a County employee</u>
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>To reward a County employee for his or her exemplary service to the public or to encourage staff development</u>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>To reward a County employee for his or her exemplary service to the public or to encourage staff development</u>
C. <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read the FPPC Rules, Sections 18940.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: \_\_\_\_\_