

**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) Sarah Oddie Area Code/Phone Number      E-mail (510) 272-6693                  sarah.oddie@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: _____ <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 Baseball game      Date(s) 07 / 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Kralj, Neno	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 \_\_\_\_\_ 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

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

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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) 07 / 02 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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:
Best, Alex	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**

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

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

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ 33(MVP)/90(Box)/20(p)

Event Description Baseball game      Date(s) 07 / 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:
Shutz, Barry	2 MVP	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 MVP	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
Henry Haight Elementary School, 2025 Santa Clara Ave, Alameda, CA 94501	6 box	To reward a school or nonprofit organization for its contributions to the community
Elementary School	2 park	

**4. Verification**

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

_____ Sarah Oddie <small>Signature of Agency Head or Designee</small> <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 07.31.2017 <small>(Month, Day, Year)</small>
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Designated Agency Contact <i>(Name, Title)</i> Sarah Oddie			
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small><i>(Month, Day, Year)</i></small>	

**2. Function or Event Information**

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

Event Description Baseball game      Date(s) 07 / 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><i>(Last, First)</i></small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Oddie, Linnea	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
	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>
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**

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

Sarah Oddie	Supervisor's Assistant	07.31.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>

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

**2. Function or Event Information**

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

Event Description Baseball game      Date(s) 07 / 05 / 17  
*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:
		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
Alameda Meals on Wheels, P. O. Box 2534, Alameda, CA 94501	2	To reward a school or nonprofit organization for its contributions to the community
Low cost/free meals for seniors		

**4. Verification**

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

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

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**2. Function or Event Information**

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

Event Description Baseball game      Date(s) 07 / 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:
Mendieta, Rene	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. V** \_\_\_\_\_  
I have verified that the distribution set forth above, is in accordance with the requirements.

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

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

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**2. Function or Event Information**

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

Event Description Baseball game      Date(s) 07 / 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:
Brekke, Miesner, Lukas	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**

s 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>	07.31.2017 <small>(Month, Day, Year)</small>
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**Agency Report of:  
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		<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 \$ 90(Box)/20(park)

Event Description Baseball game      Date(s) 07 / 16 / 17  
Provide Title/Explanation

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

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:
McCormick, Mike	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
Baltrush, Katie	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
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 hereby certify that the information furnished above is true and correct, and that the distribution of tickets and passes complies with Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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



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**2. Function or Event Information**

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

Event Description Baseball game      Date(s) 07 / 16 / 17  
Provide Title/Explanation

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

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:
Lett, Estial	3+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
Campos, Maria	3+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
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, \_\_\_\_\_, pursuant to sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie <small>Signature of Agency Head or Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	07.31.2017 <small>(Month, Day, Year)</small>
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**Agency Report of:  
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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 \$ 90(Box)/20(park)

Event Description Baseball game      Date(s) 07 / 16 / 17  
Provide Title/Explanation

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

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

\_\_\_\_\_    Sarah Oddie    Supervisor's Assistant    07.31.2017  
Signature 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 \$ 90(Box)/20(park)

Event Description Baseball game      Date(s) 07 / 16 / 17  
Provide Title/Explanation

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

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:
Geisner, Benjamin	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, \_\_\_\_\_, Supervisor's Assistant, on \_\_\_\_\_, 2017, at \_\_\_\_\_, California, in accordance with Sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie	Supervisor's Assistant	07.31.2017
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i> <i>(Month, Day, Year)</i>

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**2. Function or Event Information**

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

Event Description Baseball game      Date(s) 07 / 16 / 17  
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:
Campos, 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 <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**

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

Sarah Oddie	Supervisor's Assistant	07.31.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>

**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) 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) 07 / 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
King, Shane	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 \_\_\_\_\_ Sarah Oddie Supervisor's Assistant 07.31.2017  
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**

<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> Sarah Oddie		<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) 272-6693	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) 07 / 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Lee, Steven	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**

ns 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>	07.31.2017 <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			
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: _____ <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 Baseball game Date(s) 07 / 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"/> <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
Mastick Senior Center, 1155 Santa Clara Ave, Alameda, CA 94501	2	To reward a school or nonprofit organization for its contributions to the community
Senior Center		

**4. Verification**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Signature of Agency Head or Designee          Print Name          Title

\_\_\_\_\_          07.31.2017  
Title          (Month, Day, Year)

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

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

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: _____ <small>(Month, Day, Year)</small>	
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) 07 / 28 / 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:
Evans, Kelly	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**

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	07.31.2017
<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"/> <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 \$ \_\_\_\_\_ **90**

Event Description Baseball game      Date(s) 07 / 29 / 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:
Cravalho, Brian	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**  
Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie	Supervisor's Assistant	07.31.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>

**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) 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) 07 / 30 / 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:
		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
Kiwanis Club of San Leandro, 2777 Alvarado St., Ste. K, San Leandro 94577	2	To reward a school or nonprofit organization for its contributions to the community
Community service organization		

4. *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: Sarah Oddie     
 Print Name: Sarah Oddie     
 Supervisor's Assistant: Supervisor's Assistant     
 Title: Supervisor's Assistant     
 Date: 07.31.2017     
 (Month, Day, Year)

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

**A Public Document**

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

**2. Function or Event Information**

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

Event Description Baseball game      Date(s) 07 / 31 / 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:
Clemons, Estelle	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
	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>
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* \_\_\_\_\_ *18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

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

**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: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ **\$150**

Event Description Iron Maiden    Date(s) 07 / 05 / 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:
Brooks, Andrew	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 at a(n)... event held at a County facility in order to maximize potential County revenue...
	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, \_\_\_\_\_, sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_  
Signature of Agency Head or Designee      Sarah Oddie      Supervisor's Assistant      07.28.2017  
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)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Sarah Oddie			
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

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

Event Description Shawn Mendes: Illuminate World Tour    Date(s) 07 / 11 / 17  
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:
		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
Alameda Boys & Girls Club, 1900 3rd St, Alameda, CA 94501	4	To reward a school or nonprofit organization for its contributions to the community
To inspire youth to reach full potential as productive, caring, responsible citizens		

**4. Verification**

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

\*Signature of Agency Head or Designee    Sarah Oddie    Supervisor's Assistant    07.28.2017  
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		<b>Date Stamp</b>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>  Board of Supervisors		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>	<b>Date of Original Filing:</b> _____ <i>(Month, Day, Year)</i>
Designated Agency Contact <i>(Name, Title)</i>  Sarah Oddie			
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$150

Event Description J. Cole    Date(s) 07 / 14 / 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:
Haile, Yoel	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
	2	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
DSAL, 16378 E. 14th Street San Leandro, CA 94578	2	To reward a school or nonprofit organization for its contributions to the community
Activities for children and youth in unincorporated Alameda County		

**4. Verification**

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

Sarah Oddie  
*Print Name*
Supervisor's Assistant  
*Title*
07.28.2017  
*(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 <i>(If Applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Sarah Oddie			
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@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 \$ \_\_\_\_\_ \$150

Event Description J. Cole      Date(s) 07 / 15 / 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:
		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 <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
SLZ Foundation, PO Box 133 San Lorenzo, CA 94580	4	To reward a school or nonprofit organization for its contributions to the community
Youth Football, Cheer, Dance, & Mentoring program		

**4. Verification**  
 \_\_\_\_\_  
*Signatures 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                                  \_\_\_\_\_  
Sarah Oddie                                  Supervisor's Assistant                                  07.31.2017  
*(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) Sarah Oddie		Date Stamp	California Form <b>802</b> For Official Use Only
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 \$ \_\_\_\_\_ \$400

Event Description Lionel Richie + Mariah Carey Date(s) 07 / 21 / 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 (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>
		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
Oakland Food Policy Council, 1000 Broadway, Oakland, CA 94607	2	To reward a school or nonprofit organization for its contributions to the community
Food justice advocacy in low-income and racial minority communities		

**4. Verification**

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

\_\_\_\_\_  
Sarah Oddie  
Print Name

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

\_\_\_\_\_  
07.31.2017  
(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)  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 \$ \_\_\_\_\_ \$10

Event Description Bay Area Black Expo      Date(s) 07 / 23 / 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:
Hughes, Ashley	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
Richardson-Baker, Sarah	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
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 ha \_\_\_\_\_ 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

**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
<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors			
<b>Designated Agency Contact (Name, Title)</b> Gabriela Christy		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> Gabriela.Christy@acgov.org		

**2. Function or Event Information**

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

Event Description Oakland A's vs Atlanta Braves      Date(s) 07 / 01 / 17      07 / 02 / 17  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <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"/> <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
Alameda Creek Alliance <u>D.O. Box 2626 Niles, CA 94530</u>	4	- To reward a nonprofit organization for its contributions to the community
The vision of the Alameda Creek Alliance is to restore native wildlife, plants, habitat		and ecosystems within the Alameda Creek watershed as much as possible given modern constraints.

**4. Verification**

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

\_\_\_\_\_ Gabriela Christy \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 7/27/2017  
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
<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors			
<b>Designated Agency Contact (Name, Title)</b> Gabriela Christy		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	
<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> Gabriela.Christy@acgov.org		

**2. Function or Event Information**

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

Event Description Oakland A's vs. Chicago White Sox Date(s) 07 / 03 / 17 07 / 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: 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.

<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 <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"/> <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 <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alameda Creek Alliance <u>P.O. Box 2626 Niles, CA 94534</u>	4	- To reward a nonprofit organization for its contributions to the community
The vision of the Alameda Creek Alliance is to restore native wildlife, plants, habitat		and ecosystems within the Alameda Creek watershed as much as possible given modern constraints.

**4. Verification**

I, \_\_\_\_\_, Supervisor's Assistant, on 07/27/17, have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_  
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) Gabriela Christy Area Code/Phone Number      E-mail (510) 272-6692                      Gabriela.Christy@acgov.org		Date Stamp	California <b>802</b> Form 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 \$ \_\_\_\_\_ 90/20

Event Description Oakland A's vs Atlanta Braves      Date(s) 07 / 02 / 17  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <span style="font-size: x-small;">(Last, First)</span>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <span style="font-size: x-small;">If checking "Ceremonial Role" or "Other" describe below:</span>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <span style="font-size: x-small;">If checking "Ceremonial Role" or "Other" describe below:</span>
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 <u>27200 Calaveras Ave Hayward</u>	18/B	To reward a nonprofit organization for its contributions to the community
The St. Rose Hospital Foundation helps St. Rose Hospital carry out its mission by		raising the necessary resources needed to meet the hospital's current and future needs.

**4. Verification**

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

\_\_\_\_\_  
 Gabriela Christy                      Supervisor's Assistant                      9/27/17  
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
<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors			
<b>Designated Agency Contact (Name, Title)</b> Gabriela Christy		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	
<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> Gabriela.Christy@acgov.org		

**2. Function or Event Information**

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

Event Description Oakland A's vs Minnesota Twins Date(s) 07 / 30 / 17  
Provide Title/Explanation

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

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

**4. Verification**

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

\_\_\_\_\_ Gabriela Christy \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 07/27/17  
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> <small>For Official Use Only</small>
<b>Division, Department, or Region</b> (If Applicable) Board of Supervisors			
<b>Designated Agency Contact</b> (Name, Title) Gabriela Christy		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	
<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> Gabriela.Christy@acgov.org		

**2. Function or Event Information**

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

Event Description Oakland A's vs Cleveland Indians      Date(s) 07 / 14 / 17      07 / 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: 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:
		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
Family Paths <u>22320 Foothill Blvd #400 Hayward, CA</u>	4	To reward a nonprofit organization for its contributions to the community
Family Paths strengthens family relationships by providing mental health		treatment and supportive services with respect, integrity, compassion, and hope.

**4. Verification**

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

_____ Gabriela Christy <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	<u>07/27/17</u> <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)  Gabriela Christy			
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@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 \$ \_\_\_\_\_ 25

Event Description Oakland A's vs Tampa Bay Rays      Date(s) 07 / 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: 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:
		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
Family Paths 22320 Foothill Blvd #400, Hayward, CA	2	To reward a nonprofit organization for its contributions to the community
Family Paths strengthens family relationships by providing mental health		treatment and supportive services with respect, integrity, compassion, and hope.

**4. Verification**

I, \_\_\_\_\_ 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: \_\_\_\_\_      Gabriela Christy      Supervisor's Assistant      07/27/17  
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 <b>Division, Department, or Region</b> <i>(If Applicable)</i> Board of Supervisors <b>Designated Agency Contact</b> <i>(Name, Title)</i> Gabriela Christy <b>Area Code/Phone Number</b> <b>E-mail</b> (510) 272-6692                      Gabriela.Christy@acgov.org		Date Stamp	<div style="border: 1px solid black; padding: 5px;"> <b>California Form 802</b>                      For Official Use Only                 </div> <input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <i>(Month, Day, Year)</i>
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**2. Function or Event Information**

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

Event Description Oakland A's vs Tampa Bay Rays      Date(s) 07 / 18 / 17      07 / 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: 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:
		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
FESCO 21455 Birch street #5 Hayward, CA	4	To reward a nonprofit organization for its contributions to the community
mission is to support homeless families as they move from crisis to stability,		end their homelessness, and find a place called home.

**4. Verification**

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

\_\_\_\_\_                                      \_\_\_\_\_                                      07/27/17  
 Gabriela Christy                                      Supervisor's Assistant                                      (Month, Day, Year)  
 Print Name    Title

**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) Gabriela Christy Area Code/Phone Number      E-mail (510) 272-6692                      Gabriela.Christy@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: _____ <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 \$ \_\_\_\_\_ **25**

Event Description Oakland A's vs Minnesota Twins      Date(s) 07 / 28 / 17  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <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"/> <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
FESCO 21455 Birch street #5 Hayward, CA	2	To reward a nonprofit organization for its contributions to the community
mission is to support homeless families as they move from crisis to stability,		end their homelessness, and find a place called home.

**4. Verification**

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

\_\_\_\_\_ Gabriela Christy \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 07/27/17  
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)  Gabriela Christy		<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 Gabriela.Christy@acgov.org		

**2. Function or Event Information**

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

Event Description Oakland A's vs Minnesota Twins      Date(s) 07 / 29 / 17      07 / 30 / 17  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <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"/> <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
American Cancer Society Relay for Life of Newark 35501 Cedar Blvd Newark	4	To reward a nonprofit organization for its contributions to the community
Relay For Life is the signature fund raiser for the American Cancer Society.		

**4. Verification**

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

\_\_\_\_\_ Gabriela Christy \_\_\_\_\_ Supervisor's Assistant 07/27/17  
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 <hr/> <b>Division, Department, or Region</b> <i>(if Applicable)</i> Board of Supervisors <hr/> <b>Designated Agency Contact</b> <i>(Name, Title)</i> Gabriela Christy <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>Area Code/Phone Number</b> (510) 272-6692</td> <td style="width:50%; border: none;"><b>E-mail</b> Gabriela.Christy@acgov.org</td> </tr> </table>		<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> Gabriela.Christy@acgov.org	Date Stamp      <input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <i>(Month, Day, Year)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-weight: bold; font-size: 1.2em;">California Form 802</td> </tr> <tr> <td style="text-align: center; font-size: 0.8em;">For Official Use Only</td> </tr> </table>	California Form 802	For Official Use Only
<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> Gabriela.Christy@acgov.org						
California Form 802							
For Official Use Only							

**2. Function or Event Information**

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

Event Description Oakland A's vs Cleveland Indians      Date(s) 07 / 16 / 17  
*Provide Title/Explanation*

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

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:
		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 <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
One Justice 433 California St #815, San Francisco	2	To reward a nonprofit organization for its contributions to the community
OneJustice has been working to expand legal help for Californians in need.		

**4. Verification**

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

Gabriela Christy  
*Print Name*
Supervisor's Assistant  
*Title*
07/27/17  
*(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> Gabriela Christy Area Code/Phone Number      E-mail (510) 272-6692                      Gabriela.Christy@acgov.org		Date Stamp	California <b>802</b> Form 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 \$ \_\_\_\_\_ 25


Event Description Oakland A's vs Chicago White Sox      Date(s) 07 / 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: 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;"><i>(Last, First)</i></span>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Banks, Karen	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 her service to the public
		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 <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 \_\_\_\_\_ 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: \_\_\_\_\_ Gabriela Christy \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 07/27/17  
*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 <i>(If Applicable)</i>  Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Gabriela Christy			
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@acgov.org	<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <small><i>(Month, Day, Year)</i></small>	

**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 Minnesota Twins      Date(s) 07 / 29 / 17  
*Provide Title/Explanation*

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Hernandez, Denisse	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> – To reward a community volunteer for her service to the public
	<i>M</i>	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>
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**

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

Gabriela Christy

Print Name

Supervisor's Assistant

Title

07/27/17  
*(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)  Gabriela Christy		<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 Gabriela.Christy@acgov.org		

**2. Function or Event Information**

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


Event Description Oakland A's vs SF Giants      Date(s) 07 / 31 / 17  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
McGee, Jim	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
		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, \_\_\_\_\_ : 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy

Supervisor's Assistant

07/27/17  
(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
<b>Division, Department, or Region (if Applicable)</b> Board of Supervisors			
<b>Designated Agency Contact (Name, Title)</b> Gabriela Christy			
<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> Gabriela.Christy@acgov.org	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ <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 \$ \_\_\_\_\_ 150

Event Description Iron Maiden Date(s) 07 / 05 / 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.

<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 <small>(Last First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Sibal, Mark		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
		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> 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.**

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

Signature of Agency Head or Designee: \_\_\_\_\_  
 Print Name: Gabriela Christy

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

07/27/17  
(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) Gabriela Christy			
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@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 \$ \_\_\_\_\_ 200

Event Description Shawn Mendez    Date(s) 07 / 11 / 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.

<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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Nate, Glenn	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
	<i>MI</i>	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

**4. Verification**

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

Signature of Agency Head or Designee: \_\_\_\_\_  
 Gabriela Christy    Supervisor's Assistant    07/27/17  
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	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Gabriela Christy		<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 Gabriela.Christy@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 150

Event Description Earth, Wind, & Fire and CHIC feat. Nile Date(s) 07 / 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 (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Southard, Sylvia	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for her service to the public
Sustachek, Gretchen	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for her service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

\_\_\_\_\_ Gabriela Christy \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 07/27/17  
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			
Designated Agency Contact (Name, Title) Gabriela Christy			
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@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 \$ \_\_\_\_\_ 400

Event Description Lionel Richie and Very Special Guest M Date(s) 07 / 21 / 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:
Parra, Alejandro		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his service to the public
Gutierrez, Sylvia		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for her service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I, \_\_\_\_\_, Sections 1.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_  
Signature of Agency Head or Designee

Gabriela Christy  
Print Name

Supervisor's Assistant  
Title

07/27/17  
(Month, Day, Year)



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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region <i>(if applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Vener Bates, Supervisor's Assistant			
Area Code/Phone Number 925-551-6995	E-mail vener.bates@acgov.org;	<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 \$ 15.00

Event Description: Alameda County Fair    Date(s) 6 / 16 / 17    7 / 9 / 17  
Provide Title/ Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Martel Green	10	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
Tim Sbranti	3	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 <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

_____ Vener Bates <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ July 7, 2017 <small>(month, day, year)</small>
---	---	--

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

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

Agency Name

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Laura Winter	5	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
Nat Piazza	10	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
Lori Baptista	10	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
Emily Carpizo	7	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
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**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>
Division, Department, or Region (if applicable) Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title) Vener Bates, Supervisor's Assistant			<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)
Area Code/Phone Number 925-551-6995	E-mail vener.bates@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 \$ 15.00

Event Description: Alameda County Fair Date(s) 6 / 16 / 17 7 / 9 / 17  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Assessor's Office	26	To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue
Treasurer-Tax Collector	30	To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
MaryAlice Faltings	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 reward a community volunteer for his or her service to the public
Mark Bernardin	6	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
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

\_\_\_\_\_ Vener Bates \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ July 5, 2017  
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)/ Passes	Describe the public purpose made pursuant to the agency's policy
General Services Agency	50	To promote attendance at a County sponsored event held at a County facility to maximise potential County revenue from parking and concession sales.
Sheriff's Department	26	To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue from parking and concession sales.
Department of Child Support Services	16	To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue from parking and concession sales.
Public Works	48	To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue from parking and concession sales.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Jerry Morrow	3	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
Mel Luna	10	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 held at a County facility in order to maximize potential County revenue from parking and concession sales.
Val Bettencourt	8	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
Gloria Olson	10	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
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**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> <small>For Official Use Only</small>
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: _____ <small><i>(Month, Day, Year)</i></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 \$ \_\_\_\_\_ 15

Event Description Alameda County Fair      Date(s) 6 / 16 / 17      7 / 9 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Alameda County Fair Association  
*Name of Source*

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

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section 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 <small>(Last, First)</small></small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Doreen Flores	6DL+2pp	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
		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>
C. <small>Name of Outside Organization <small>(include address and description)</small></small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**    ✓

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

_____ Briana Brown <small><i>Print Name</i></small>	_____ Supervisor's Assistant <small><i>Title</i></small>	_____ 7/10/17 <small><i>(Month, Day, Year)</i></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)  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 \$ \_\_\_\_\_ **28**

Event Description Alameda County Fair      Date(s) 6 / 16 / 17      7 / 9 / 17  
Provide Title/Explanation

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

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

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section 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
BOS D.5	2GP*	To reward a County employee for his or her exemplary service to the public or to encourage staff development;
	2VIP pp	
B. <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

**4. Verification**

I have \_\_\_\_\_ 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

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

Comment: \* Guest Pass

# 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 \$ \_\_\_\_\_ 90/8080

Event Description A's Baseball      Date(s) 07 / 29 / 17      08 / 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. <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
BOS District 5	2	To reward a County employee for his or her exemplary service to the public or to encourage staff development
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. <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
Friday Night Live	2	

**4. Verification**

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

[REDACTED]      Briana Bown      Supervisor's Assistant      June 10  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: 2 Field 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) Lee Ann Ferguson, Supervisor's Assistant			
Area Code/Phone Number (510) 272-6691	E-mail leean.fergerson@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 \$ 35.00

Event Description Baseball Date(s) 7, 29, 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	Page(s)	Description of public use/pass made pursuant to the agency's policy
B. Name of Individual	Page(s)	Identify one of the following:
<u>Rhiannon Eddy</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"/> <small>If checking "Ceremonial Role" or "Other" describe below</small>
C. Name of Outside Organization (include address and description)	Page(s)	Description of public use/pass made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee: \_\_\_\_\_  
 Lee Ann Ferguson  
 Print Name: \_\_\_\_\_  
 Supervisor's Assistant  
 Title: \_\_\_\_\_  
 7-30-17  
 (Month, Day, Year)



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

A Public Document

<b>1. Agency Name</b> Alameda County		Data 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  Face Value of Each Ticket/Pass \$ 9000

Event Description Baseball Date(s) 7, 29, 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  
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/Passes	Reason for the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Tickets/Passes	Reason for the public purpose made pursuant to the agency's policy
Derek Eddy	2	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"/> Incentive <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	Reason for the public purpose made pursuant to the agency's policy

**4. Verification**

\_\_\_\_\_  
Signature of Agency Head or Designee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
(Month, Day, Year)

I, \_\_\_\_\_, Sections 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.

**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 leean.fergerson@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 400.00

Event Description ED SHEERAN Date(s) 8/2/17  
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	Ticket(s)/Pass(es)	Describe the public purpose of the distribution to the agency's policy.
<b>B. Name of Individual</b>	<b>Ticket(s)/Pass(es)</b>	<b>Identify one or more of the following:</b>
<u>BOB VANCE</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"/> <b>Income</b> <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization (include address and description)	Ticket(s)/Pass(es)	Describe the public purpose of the distribution to the agency's policy.

**4. Verification**

I, [Redacted] 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: [Redacted]      Lee Ann Ferguson      Supervisor's Assistant      7-31-17  
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.) 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 \$ 150.00

Event Description Kmet Summer Jam Date(s) 8, 6, 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: BSU  
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
B. Name of Individual	Number of Tickets/Passes	Identify one of the following:
<u>Barbara Teixeira</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/Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

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

7-31-17  
(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) 272-8691	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 \$ 33.00

Date(s) 7, 31, 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/Passes	Describe the public purpose made pursuant to the agency's policy.
B. Name of Individual (Last, First)	Number of Tickets/Passes	Identify one of the following:
<u>Sabrina Gordon</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 Tickets/Passes	Describe the public purpose made pursuant to the agency's policy.

**4. Verification**

Signature of Agency Head or Designee: [Signature]

Lee Ann Ferguson  
Supervisor's Assistant

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: 8-1-17  
(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) 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 Lionel Richie Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 400.00

Date(s) 7, 21, 17

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

If no: GSW Name of Source

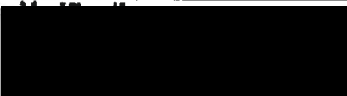
Was ticket distribution made at the behest of agency official? No  Yes

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) or Pass(es)	Describe the public purpose of the distribution pursuant to the agency's policy.
B. Name of individual	Number of Ticket(s) or Pass(es)	Describe the public purpose of the distribution pursuant to the agency's policy. (Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Incentive <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
<u>Rhonda Haggerty</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"/>
C. Name of Outside Organization (include address and description)	Number of Ticket(s) or Pass(es)	Describe the public purpose of the distribution pursuant to the agency's policy.

4.  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 7-25-17  
 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 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  Face Value of Each Ticket/Pass \$ 33.00

Event Description Baseball Provide Title/Explanation Date(s) 7, 31, 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.
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Esmarelda Garcia</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"/> <input checked="" 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**

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

\_\_\_\_\_ Lee Ann Ferguson Supervisor's Assistant \_\_\_\_\_ 7-24-17  
 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) Lee Ann Ferguson, Supervisor's Assistant Area Code/Phone Number: (510) 272-8691 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

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

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

Face Value of Each Ticket/Pass \$ 33.00

Date(s) 7, 19, 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	Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Ticket(s)/Pass(es)	Verify one of the following:
<u>Mel Luna</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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I, \_\_\_\_\_, 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: [Signature]  
 Print Name: Lee Ann Ferguson  
 Title: Supervisor's Assistant  
 Date: 7-20-17  
(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) 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 \$ 33.00

Event Description Baseball Date(s) 7, 19, 17  
Provides 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 Recipients	Description of public benefit made pursuant to the agency's policy
B. Name of individual	Number of Recipients	Description of the following: <input type="checkbox"/> To reward a community volunteer for his or her service to the public <input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Incentive <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
<u>Nat Piazza</u>	<u>2</u>	
C. Name of Outside Organization (include address and zip code)	Number of Recipients	Description of public benefit 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.

Lee Ann Ferguson Supervisor's Assistant 7-18-17  
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	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 \$ 100.00

Event Description Baseball Provide Title/Explanation Date(s) 6, 18, 17

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Athletics  
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	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Norbert &amp; Zoraida Velez Chris Velez &amp; Family Michael Velez &amp; Family &amp; Family</u>	<u>18/3</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**

[Signature] is 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 7-17-17  
Print Name Title (Month, Day, Year)

In the Mail 6/14  
 tix, pp & cert.

**COPY**

Report of:  
 Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name Alameda County		Date Stamp	California FPPC Form 802 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		
* Amendment (Must provide explanation in Part 3.) Date of Original Filing: 6/17 <small>(Month, Day, Year)</small>			

2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Event Description: A's Baseball  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 80.00

Date(s) 6, 27, 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)	Description of public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/Pass(es)	Description of public purpose made pursuant to the agency's policy
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Description of public purpose made pursuant to the agency's policy
<u>Sunflower Hill</u> <u>P.O. Box 114316</u> <u>Pleasanton, CA 94588</u>	<u>18/4</u>	To reward a school or non-profit organization for its contributions to the community

4. Verification

I, and 1997, I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: [Redacted]      Lee Ann Ferguson      Supervisor's Assistant      6/17/17  
Print Name      Title      (Month, Day, Year)

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

**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) 272-8691	E-mail leeann.fergerson@acgov.org		

**2. Function or Event Information**

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

Event Description Baseball Provide Title/Explanation Date(s) 7, 17, 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	Number of Tickets/Pass(es)	Identify one of the following:
<u>Melissa Sanguinette</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 Tickets/Pass(es)	Describe the public purpose made pursuant to the agency's policy.

**4. Verification**

\_\_\_\_\_ conditions 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 7-17-07  
 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) 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 \$ 33.00

Event Description Baseball Provide Title/Explanation Date(s) 7, 17, 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) or Pass(es)	Describe the public purpose made pursuant to the agency's policy.
<b>B. Name of Individual</b>	<b>Number of Ticket(s) or Pass(es)</b>	<b>Identify one of the following:</b>
<u>Derek Bigler</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) or Pass(es)	Describe the public purpose made pursuant to the agency's policy.

**4. Verification**

Signature of Agency Head or Designee: \_\_\_\_\_

Signature: Lee Ann Ferguson Title: Supervisor's Assistant Date: 7-17-17

Signature of Agency Head or Designee: \_\_\_\_\_

**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) 272-8691	E-mail leeann.fergerson@acgov.org		

**2. Function or Event Information**

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

Event Description Baseball Provide Title/Explanation Date(s) 7, 16, 17

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

Was ticket distribution made at the behest of agency official? 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	Number of Tickets/Pass(es)	Identify one of the following:
<u>David Miranda</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 Tickets/Pass(es)	Describe the public purpose made pursuant to the agency's policy.

**4. Verification**

\_\_\_\_\_  
Signature of Agency Head or Designee

\_\_\_\_\_  
Lee Ann Ferguson  
Print Name

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

7-17-17  
(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) 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  Face Value of Each Ticket/Pass \$ 33.00

Event Description Baseball Provide Title/Explanation Date(s) 7, 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 Ticket(s) / Pass(es)	Describe the public purpose made pursuant to the agency's policy.
B. Name of Individual	Number of Ticket(s) / Pass(es)	Identify one of the following:
<u>Joe 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**

\_\_\_\_\_ (Signature of Agency Head or Designated Official) \_\_\_\_\_ (Signature of Supervisor's Assistant) \_\_\_\_\_ (Signature of Supervisor's Assistant)

\_\_\_\_\_ (Print Name) \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Month, Day, Year) 7-17-17

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

Face Value of Each Ticket/Pass \$ 33.00

Date(s) 7, 14, 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 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/Passes	Describe the public purpose made pursuant to the agency's policy.
B. Name of Individual	Number of Tickets/Passes	Describe the public purpose made pursuant to the agency's policy.
<u>Patty Cuevas</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"/>
C. Name of Outside Organization (Include address and telephone)	Number of Tickets/Passes	Describe the public purpose made pursuant to the agency's policy.

**4. Verification**

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

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

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) 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 J. Cole Provide Title/Explanation Date(s) 7, 15, 17

Face Value of Each Ticket/Pass \$ 150.00

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.
<u>Board of Supervisors, District 5</u>	<u>4</u>	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:
		<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.

**4. Verification**

\_\_\_\_\_  
 Signature of Agency Head or Designee

\_\_\_\_\_  
 Lee Ann Ferguson  
 Print Name

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

\_\_\_\_\_  
 7-14-17  
 (Month, Day, Year)

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

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) 272-8691	E-mail leeann.fergerson@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 80 / \$40

Event Description Oakland A's Baseball Date(s) 7, 29, 2017  
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
<u>GSA</u>	<u>18/3</u>	To reward a county employee for his or her exemplary service to the public
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

**4. Verification**

\_\_\_\_\_  
Signature of Agency Head or Designee

Lee Ann Ferguson Supervisor's Assistant  
Print Name Title

7-14-17  
(Month, Day, Year)

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

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) Lee Ann Ferguson, Supervisor's Assistant Area Code/Phone Number   E-mail 510-272-6691   leeann.fergerson@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: _____ <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 \$ 150.00

Event Description: Earth Wind & Fire Date(s) 7/12/17  
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? Yes  No  If yes: Scott Hagerstedt  
Official's Name (Last, First)

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>District 5 Board of Supervisors</u>	<u>4</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 Ticket(s)/ Passes	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)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Lee Ann Ferguson	Supervisor's Assistant	<u>7-12-17</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: JD

**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) Gabriela Christy		<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 gabriela.christy@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$15

Event Description 2017 Alameda County Fair      Date(s) 6 / 16 / 17      7 / 9 / 17  
Provide Title/Explanation

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

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

**3. Recipients**  
 \* Use Section A 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
General Services Agency	15	To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concessions
Assessor's Office	7	"
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"/> <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

**4. Verification**

\_\_\_\_\_ 944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or DesigneePrint NameTitle(Month, Day, Year)

Gabriela ChristySupervisor's Aide07/09/17

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

Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describes the public purpose made pursuant to the agency's policy
Behavioral Health Care Services	8	To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concession
Fire Department	10	"
Clerk of the Board	10	"

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

**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) Lee Ann Ferguson		<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) 272-6691	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 \$ \_\_\_\_\_ \$15

Event Description 2017 Alameda County Fair      Date(s) 6 / 16 / 17      7 / 9 / 17  
Provide Title/Explanation

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

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

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

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

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"/> <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

**4. Verification**  
 I have read and understand the FPPC Sections 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Lee Ann Ferguson	Supervisor's Assistant
	<small>Print Name</small>	<small>Title</small>

07/09/17  
(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
General Services Agency	17	To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concession
Fire Department	10	"

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

**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)  Anna Gee		<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 510-891-5585	E-mail anna.gee@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No       Face Value of Each Ticket/Pass \$ 312.50

Event Description Basketball Game      Date(s) \_\_\_\_\_  
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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Jackson, Robert</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"/>
<u>Campos, Fernando</u>	<u>4</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**

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	<u>7/5/17</u>
<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 Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number      E-mail (510) 272-6694                      anna.gee@acgov.org		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 \$ \_\_\_\_\_ 15

Event Description 2017 Alameda County Fair      Date(s) 6 / 16 / 17      7 / 9 / 17  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Assessor's Office	11	To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concessions
Social Services Agency	5	To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concessions
B. Name of Individual <span style="font-size: x-small;">(Last, First)</span>	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

**4. Verification**

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

	Anna Gee	Operations Chief	7/9/17
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
ITD	45	To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concession
Behavioral Health Care Services	8	"
Clerk of the Board	8	"
General Services Agency	7	"

B. A. Name of Individual (Last, First) Agency	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Fire Department	10	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/facility ... to maximize potential County revenue from parking and concessions
Treasurer-Tax Collector's Office	6	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/facility ... to maximize potential County revenue from parking and concessions
		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 (include address and description)	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) Anna Gee Area Code/Phone Number   E-mail 510-891-5585   anna.gee@acgov.org		Date Stamp  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>California Form 802</b>                      For Official Use Only                 </div> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>
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**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) 6, 2, 17 6, 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: Miley, Nate  
Official's Name (Last, First)

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <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
United Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605  SENIOR ADVOCACY	4	To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.

**4. Verification**

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

	Anna Gee	Executive Assistant
Signature of Agency Head or Designee	Print Name	Title

(Month, Day, Year)

**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"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Anna Gee			
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

**2. Function or Event Information**

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

Event Description Baseball Game Date(s) 6, 4, 17 6, 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: 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>
		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**

\_\_\_\_\_  
Signature of Agency Contact Designated

\_\_\_\_\_  
Print Name Anna Gee

\_\_\_\_\_  
Title Executive Assistant

\_\_\_\_\_  
(Month, Day, Year) 7/7/17

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

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

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

2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Event Description Baseball Game Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ 33

Date(s) 6, 6, 17 6, 7, 17

If no: Oakland Athletics Name of Source

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (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
United Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605 SENIOR ADVOCACY	4	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.

Signature of Agency Head or Designee: \_\_\_\_\_ Anna Gee Executive Assistant \_\_\_\_\_ 7/7/17

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	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 \$ 33/90/100

Event Description Oakland Baseball Game Date(s) 4, 15, 17 6, 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: 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>Wade, Maggie</u>	<u>2</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>Felder, Lisa</u>	<u>2</u>	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 (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**

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

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

Comment: United Seniors received 4 tickets Skybox the Felder received 4 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 Baseball Game  
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ 33

Date(s) 6, 17, 17 6, 18, 17

If no: Oakland Athletics  
Name of Source

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (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
United Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605 SENIOR ADVOCACY	4	To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.

**4. Verification**

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

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

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

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 Baseball Game Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 33

Date(s) 6, 19, 17 6, 20, 17

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

If no: Oakland Athletics Name of Source

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

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

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

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

**4. Verification**

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

Anna Gee Executive Assistant 7/7/17  
 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			
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 \$ 33/90

Event Description Baseball Game  
Provide Title/Explanation

Date(s) 6, 21, 17 6, 22, 17

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

If no: Oakland Athletics  
Name of Source

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

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

**3. Recipients**

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

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>Spencer, Michael</u>	<u>2</u>	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. 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
<u>Women on the Way to Recovery - 20224 Mainland Ave Hayward 94541 REENTRY RECOVERY</u>	<u>20</u>	<u>To reward a non profit for their contribution to the public</u>

**4. Verification**

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

Signature of Agency Head or Designee: \_\_\_\_\_  
 Anna Gee Executive Assistant 7/7/17  
 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	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 \$ 33

Event Description Baseball Game 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: 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>
		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>2</u>	To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.

**4. Verification**

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

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 312.50

Event Description Basketball Game Date(s) \_\_\_\_\_  
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
<u>EOS District + Staff</u>	<u>4</u>	<u>To reward a county employee for their exemplary service to the public.</u>
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>
<u>Pratt, Linda</u>	<u>2</u>	<u>To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.</u> Income <input type="checkbox"/>
<u>Sealosi, Sierra</u>	<u>2</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**

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

Anna Gee Executive Assistant 7/5/17  
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:
Stark, David	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>
Galinsky, James	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>
Dones, Alan	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>
Linton, Donna	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)	agency's policy
		To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.

**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			
Area Code/Phone Number (510)272-6695	E-mail 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 \$ \_\_\_\_\_ 15

Event Description Alameda County Fair      Date(s) 6 / 16 / 17      7 / 9 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Alameda County Fair Association  
*Name of Source*

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

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section 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:
Schery Dugan	4+PP	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 promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
Michele Bryd 10DL+2pp	10DL+PP	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
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. \_\_\_\_\_  
 ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Briana Bown      Supervisor's Assistant      7/10/17  
 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"/> 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 \$ \_\_\_\_\_ 15

Event Description Alameda County Fair      Date(s) 6 / 16 / 17      7 / 9 / 17  
Provide Title/Explanation

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

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

**3. Recipients**  
 • Use Section A to identify the agency's department or unit. • Use Section 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:
Selest Agana	1+pp	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
		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
AMOS Temple CME Church 1500 90th Street	10+ 2PP	To reward a school or nonprofit organization for its contributions to the community
Ecology Center 2530 San Pablo Ave	10	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev

**4. Signature**

is 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>	7/10/17 <small>(Month, Day, Year)</small>
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**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> To reward a student for outstanding scholastic achievement
		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
Berkeley NAACP P.O. Box 613	10	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev

# 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) Briana Brown		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510)272-6695	E-mail briana.brown2@acgov.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Event Description Alameda County Fair  
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 15

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

If no: Alameda County Fair Association  
Name of Source

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

## 3. Recipients

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

A. <small>(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>
Barbara Taylor	5DL+pp	To reward a community volunteer for his or her service to the public;
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
New Life Community Church Kids Life 3903 Broadway	20	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
Center for Elders Independent 1955 San Senior services for ALCO residents	10	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und

## 4. Verification

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

t Briana Brown Supervisor's Assistant 7/10/17  
Print Name Title (Month, Day, Year)

Comment: DL= Directors Lounge

**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
Bos 05	10RL+4PP	To promote attendance @ a county sponsored event.
Sheriff Dep	4+pp	To reward county employee for their exemplary service to the public / on course staff development.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
James Brown	2+pp	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 rev
Mira Tellegen	2+pp	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 student for outstanding scholastic achievement
		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
ECAP, 3610 San Pablo- provide food housing	10	To reward a school or nonprofit organization for its contributions to the community
East Bay Refugee Forum Oakland Ca	5	To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals for the partic
Berkeley Food & Housing- 1901 Fairview Homeless service provider	5	To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals for the partic



**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"/> Amendment <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 \$ \_\_\_\_\_ 15

Event Description Alameda County Fair      Date(s) 6 / 16 / 17      7 / 9 / 17  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. <small>(Use Section A to identify the agency's 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
South Berkeley Senior Center 2939 Ellis Street- provide Senior Services	20	
The Way Christian Center 1901 University- provide Spiritual leadership to	10	

**4. Verification**

I have \_\_\_\_\_ Briana Bown \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 7/10/17  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

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

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

<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 <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>
<b>C.</b> 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
True Vine Missionary Baptist Church 1125 West Street- Provide spiritual leade	10	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
West Oakland Health Council 700 Adeline Street - Provide Health Services	10	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und
Options Recovery 1931 Center St drug, alcohol treatment center	10	To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals for the partic
Berkeley Daytime Drop-in Center 2218 Acton- services for homeless women & c	15	To reward a school or nonprofit organization for its 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	<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"/> Amendment (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 \$ \_\_\_\_\_ 15

Event Description Alameda County Fair      Date(s) 6 / 16 / 17      7 / 9 / 17  
Provide Title/Explanation

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

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

**3. Recipients**

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

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

**4. Verification**

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

	Briana Bown	Supervisor's Assistant	7/10/17
<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  
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 <i>(Last, First)</i>	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 <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Peter Pan Nursery School 4618 Allendal childcare	10	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
Positive Communication Practices 2627 57th Avenue-positive alternative for teen	10	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und
Prescott Joseph Resource Center 920 Peralta- Center for community service ed	10	To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals for the partic
Progressive Baptist Church 3301 King-provide spiritual guidance to community	10	To reward a school or nonprofit organization for its contributions to the community

# 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: _____ <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 \$ \_\_\_\_\_ 15

Event Description Alameda County Fair      Date(s) 6 / 16 / 17      7 / 9 / 17  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. <small>(Use Section A to identify the agency's 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
Downtown Oakland Senior Center 200 Grand Ave. Provide services for Seniors	20	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, and
Emeryville Senior Center 4321 Salem Street Provide services for seniors	20	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, and

**4. Verification**

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

Briana Bown	Supervisor's Assistant	7/10/17
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:
		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
First AME Church 530 37th provides spiritual guidance to d5 resident	20	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und
Healthy Oakland 2580 San Pablo promotes health awareness in low-incom	10	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und
Hidden Genius Project 519 17th St Suite 240- train & mentor blk youth in Tech	10	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und
Mother Wright Foundation 3120 San Pablo- provide food clothing for	10	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und

**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"/> Amendment (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 \$ \_\_\_\_\_ 15

Event Description Alameda County Fair Date(s) 06 / 16 / 17 7 / 9 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Alameda County Fair Association  
*Name of Source*

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

**3. Recipients**

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

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"/> <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 (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Center of Emeryville Rec Dept; Teen Division 4300 San Pablo Ave	10	To reward a school or nonprofit organization for its contributions to the community
City Slicker Farms 1625 16th St	10	To reward a school or nonprofit organization for its contributions to the community

**4. Verification**

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

\_\_\_\_\_ Briana Bown \_\_\_\_\_ 7/10/17  
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:
		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
Bonita House 6333 Telegraph Ave Suite 102	10	To reward a school or nonprofit organization for its contributions to the community
BOSS 1918 University Ave #2A	10	To reward a school or nonprofit organization for its contributions to the community
Catholic Charities 433 Jefferson Street	10	To reward a school or nonprofit organization for its contributions to the community
Center for Independent Living 2539 Telegraph Ave	10	To reward a school or nonprofit organization for its 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	<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"/> Amendment (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 \$ \_\_\_\_\_ 15

Event Description Alameda County Fair      Date(s) 06, 16, 17      7, 9, 17  
Provide Title/Explanation

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

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

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section 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:
		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
100 Black Men 1632 12th Street	20 <small>HP</small>	
100 Black Women P.O. Box 2432	20 <small>HP</small>	

**4. Verification**

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

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

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

<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 <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>
<b>C.</b> 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
Albany Senior Center 846 Masonic Ave	20	
Beebe Memorial Cathedral 3900 Telegraph Ave	10	
Berkeley Youth Alternatives 1255 Allston Way	10	
Beth Eden Baptist Church 1183 10th St	10 <sup>20</sup>	

**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: _____ <small>(Month, Day, Year)</small>	
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 \$ \_\_\_\_\_ \$28

Event Description Alameda County Fair      Date(s) 06 / 16 / 17      07 / 09 / 17  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Smith, Jamaal Cedeno, Jonathan Rivera, Leticia	1	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 rev
Brown, Madison	1	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 rev
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. Signature**

9944.1 and 18942.1 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>	_____ 07.31.2017 <small>(Month, Day, Year)</small>
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Signature of Agency Head or Designee

**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) 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 \$ 20

Event Description Alameda County Fair Date(s) 06 / 16 / 17 07 / 09 / 17  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Smith, Jamaal Cedeno, Jonathan Rivera, Leticia	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
Brown, Madison	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

# 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: _____ <small>(Month, Day, Year)</small>	
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 \$ \_\_\_\_\_ \$5

Event Description Alameda County Fair      Date(s) 06 / 16 / 17      07 / 09 / 17  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Anderson, Carl Juan	15	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 rev
	15	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 verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie	Supervisor's Assistant	07.31.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>
		<small>(Month, Day, Year)</small>

Name	Reason	# tickets
<b>SECTION B</b>		
Jamaal Smith	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	6
Jonathan Cedeño	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	8
Leticia Rivera	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	12

# 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) Sarah Oddie Area Code/Phone Number      E-mail (510) 272-6693                      sarah.oddie@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 \$ \_\_\_\_\_ \$10

Event Description Alameda County Fair      Date(s) 06 / 16 / 17      07 / 09 / 17  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Kubo, Theresa Tran, Royce Schoch, Gerald	1	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 rev
Herrera, Linda Harada, Carol	1	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 rev
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**  
 I have 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	07.31.2017
Signature of Agency Head or Designee	Print Name	Title (Month, Day, Year)

Name	Reason	# tickets
<b>SECTION B</b>		
Monica Venalzeal	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	1
Christine Chiovare	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	1
Jenny Neuenschwander	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	1
Jesse I. Patine	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	1
Carl Juan Anderson	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	2
Irene Hagebusch	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	2
Sokhom Mao	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	2
Margie Rogers	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	2



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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 15

Event Description 2017 Alameda County Fair      Date(s) 6 / 16 / 17      7 / 9 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Alameda County Fair  
*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
General Services Agency	23	To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concessions
Assessor's Office	12	"
B. Name of Individual <small><i>(Last, First)</i></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"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		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>
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**

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

Sarah Oddie	Supervisor's Assistant	7/9/17
<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  
 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
Social Services Agency	3	To promote attendance at a County sponsored event/facility ... to maximize potential County revenue from parking and concession
Treasurer-Tax Collector's Office	13	"

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

**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)  Briana Brown		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510)272-6695	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 \$ \_\_\_\_\_ **80**

Event Description A's Baseball      Date(s) 07 / 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: Carson, Keith - Supervisor District 5  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
BOS D.5	2Field	<i>To reward county employee for their service to public or to encourage staff developments</i>
<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 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

**4. Verification**

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

*Briana Brown*  
Signature of Agency Head or Designee
Briana Brown  
Print Name
Supervisor's Assistant  
Title
7/14/17  
June 10  
(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>
Division, Department, or Region <i>(If Applicable)</i>		For Official Use Only	
Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>			
Briana Brown			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small><i>(Month, Day, Year)</i></small>	
(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 \$ \_\_\_\_\_ 80

Event Description A's Baseball    Date(s) 07 / 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. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
BOS D.5	2Field	<i>To reward county employees for their service to public or to encourage staff development</i>
B. Name of Individual <small><i>(Last, First)</i></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><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		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>
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 verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency <del>representative</del> _____ <small><i>Signature of Agency representative</i></small>	Briana Brown _____ <small><i>Print Name</i></small>	Supervisor's Assistant _____ <small><i>Title</i></small>	7/14/17 June 10 _____ <small><i>(Month, Day, Year)</i></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)			For Official Use Only
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 (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 \$ \_\_\_\_\_ **80**

Event Description A's Baseball      Date(s) 07 / 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.

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 Mitchel	2Field	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
		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, Briana Brown      Supervisor's Assistant      June 10  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

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

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

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 5102726695                      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 \$ \_\_\_\_\_

Event Description Javale McGee's charity softball game      Date(s) 7 / 11 / 17 \_\_\_\_\_  
Provide Title/Explanation

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

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

**3. Recipients**

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

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

**4. Verification**

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

Signature of Agency Head or Designee	Briana Brown Print Name	Supervisor's Assistant Title	_____ (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)  Amy Shrago		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510) 272-6695	E-mail amy.shrago@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ 150

Event Description J. Cole      Date(s) 07 / 14 / 17      07 / 15 / 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  
Official's Name (Last, First)

**3. Recipients**  
 • Use Section A 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 Dist 5	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development.
BOS Dist 5	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development.
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"/> <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

**4. Verification**

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

\_\_\_\_\_      Amy Shrago      \_\_\_\_\_      Supervisor's Assistant      \_\_\_\_\_      07/31/17  
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) Amy Shrago Area Code/Phone Number      E-mail (510) 272-6695                      amy.shrago@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 \$ 400

Event Description Lionel Richie      Date(s) 07 / 21 / 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  
Official's Name (Last, First)

**3. Recipients**

• Use Section A 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:
Simpson, Michelle	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 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.

	Amy Shrago <small>Print Name</small>	Supervisor's Assistant <small>Title</small>
	07/31/17 <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 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 5102726695                      briana.brown2@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 \$ \_\_\_\_\_ 200

Event Description Shawn Mendes      Date(s) 7 / 11 / 17  
*Provide Title/Explanation*

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <span style="font-size: x-small;"><i>(Last, First)</i></span>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Nakaso Kelly	4	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 at a County sponsored event or event held at a County facility in order to maximize potential County rev
		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>
C. Name of Outside Organization <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 have \_\_\_\_\_ ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_  
 Briana Brown  
Print Name

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

 7/17/17  
(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 <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"/> 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 \$ \_\_\_\_\_ **150**

Event Description Earth Wind and Fire      Date(s) 07 / 11 / 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. 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:
Debra Richard	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 promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
		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

**4. Verification**

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

Briana Brown	Supervisor's Assistant	June 10
Signature of Agency Head or Designee	Print Name	Title <span style="float: right;">(Month, Day, Year)</span>

# 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) Sarah Oddie Area Code/Phone Number      E-mail (510) 272-6693                      sarah.oddie@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 \$ \_\_\_\_\_ **\$15**

Event Description Alameda County Fair      Date(s) 06 / 16 / 17      07 / 09 / 17  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Kubo, Theresa Shipman, Clare Martin, Helen	1	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 facility in order to maximize potential County revenue from parking and concession sales
	1	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
San Lorenzo Village Homes Association 377 Paseo Grande, San Lorenzo, 94580	100	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
Homeowners association		

**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>	07.31.2017 <small>(Month, Day, Year)</small>
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Name	Reason	#	Address	Org description
<b>SECTION B</b>				
Royce Tran	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	2		
Sylvia Stadmire	To reward a community volunteer for his or her service to the public	2		
Eric Murphy	To reward a community volunteer for his or her service to the public	2		
Jason Cheng	To reward a community volunteer for his or her service to the public	2		
Estelle Clemons	To reward a community volunteer for his or her service to the public	2		
Mona Shah	To reward a community volunteer for his or her service to the public	2		
Gerald Schoch	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	2		
Linda Herrera	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	2		
Monica Venalzeal	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	2		

Nohemi Maciel	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Gina Rose	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Carl Juan Anderson	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Margie Rogers	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Rick Choy	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Joie Thach	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		

Loesja Howes	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Meredith Houghtelling	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Mike Houghtelling	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Loranna Shoptaw	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Randy Wage	To reward a community volunteer for his or her service to the public	3		
Dora Broron	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Isaal Hernandez	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		

Stacey Rose	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Qiaoqing Zhang	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Michelle Duherty	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Lauaine Path	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Flora Shelc	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	3		
Irene Hagebusch	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	4		

Robert Colemal	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	4		
Shirley Deveno	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	4		
Christine Chiovare	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	5		
Jenny Neuschwander	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	5		
Jesse I. Patine	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	5		
Sokhom Mao	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	6		
<b>SECTION C</b>				
Girls Inc. of the Island City	To reward a school or nonprofit organization for its contributions to the community	30	1724 Santa Clara Ave., Alameda, CA 94501	Safe and healthy programming for young girls



San Leandro Boys and Girls Club	To reward a school or nonprofit organization for its contributions to the community	30	401 Marina Blvd, San Leandro, CA 94577	Safe and healthy programming for youth
Satellite Affordable Housing Associates	To reward a school or nonprofit organization for its contributions to the community	10	1835 Alcatraz Ave, Berkeley, CA 94703	Affordable housing developers/property managers
Cypress Mandela	To reward a school or nonprofit organization for its contributions to the community	30	977 66th Ave, Oakland, CA 94621	Skilled trade apprenticeship program
Alameda Boys and Girls Club	To reward a school or nonprofit organization for its contributions to the community	30	1900 3rd St, Alameda, CA 94501	Safe and healthy programming for youth

Name	Reason	# tickets
<b>SECTION B</b>		
Clare Shipman	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	2
Jamaal Smith	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	2
Danya Guo	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	2
Affton Maryland	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	2
Abby Wu	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	2
Theresa Kubo	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	4
Carl Juan Anderson	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	4
Leticia Rivera	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	4
Madison Brown	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	4
Jonathan Cedeño	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales	5