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


2. Function or Event Information

Does the agency have a ticket policy? Yes $\square$ No $\square \quad$ Face Value of Each Ticket Pass $\$ 1,2.00<1,000$


Ticket(s)/Pass(est provided by agency? Yes $\square$ No $\square$
Was ticket distribution made at the behest of agency official?

No [ Yes $\square_{\square}$
Date (s) $12,30,16,4$
If no: -

Name of Source
If yes: Alameda County Supervisor Scott Haggerty, D 1 affidels Name (Last, Frit)
3. Recipients




4. Verification

## -

I 18944.1 and 18942 I have verffor that the distribution sat forth above, is is accordance with tho requirements.
Comment: $\square$ Slynatura or Against Head criorginge $\frac{\text { Supervisor's Assistant }}{\text { no }} \frac{10 / 14 /}{\text { month, ouse, }}$ FPPC FOrm 002 (4/12) boy wino was diagnosed with FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772) Leurema.

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions



Face Value of Each TicketPass \$



If no:


If yes: $\qquad$ Official's Name (Last, First)
3. Recipients

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


4. Verification
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


2. Function or Event information

Does the agency have a ticket policy?
Event Description Warriors/ Portland
Ticket(s)/Pass(es) provided by agency? Yes No [口
Was ticket distribution made at the behest $\quad$ No $\square$ Yes ${ }^{[ }$ of agency official?

Face Value of Each Ticket/Pass \$
675.00 Date (s) $10,21,16$, If no:
 Name of Source

If yes: Alameda County Supervisor Scott Haggerty, D 1
3. Recipients

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




4. Verification


Comment:

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

2. Function or Event Information


Tickel(s)/Pass(es) provided by agency?
Was ticket distribution made at the behest No $\square$ Yes of agency official?

## Face Value of Each TicketPass $\$ 55.50$

Dates)


28,16 $\qquad$
If no:


If yes: Alameda County Supervisor Scott Haggerty, D 1
3. Recipients

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


|  |  |  |
| :--- | :--- | :--- |

 to maximize potential county revenue for concession and parking sales.
Ceremonial Role $\square$ Other $\square$ Income $\square$
If checking "Ceremonial Rota" or "Other" describe below.
4. Verification


Comment:

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

2. Function or Event Information

 Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest
No $\square$ Yes

Face Value of Each Ticket/Pass \$ $\qquad$
3. Recipients



4. Verification
77.1 and 18942. I have yarffod that the distribution sat forth above, is in ageondaneo with the requifomenh



Comment:

4. Vafficotion



2. Function or Event information

Does the agency have afticket policy? Yes $\mathrm{No} \square$
Event Description


Tickel(s)/Pass(es) provided by agency? Yes No $\square$
Was ticket distribution made at the behest No $\square$ Yes $\square$ of agency official?


Date (s)

$\qquad$

If no:


If yes:
Alameda County Supervisor Scott Haggerty, D 1
3. Recipients

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

$\qquad$
B,

Ceremonial Role $\square$ Other $\square$
Income $\square$
" checking "Ceremonial Role" or "Older" dascribe below:
4. Verification



## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions
A Public Document

2. Function or Event information

Ticket(s)/Pass(es) provided by agency? Yes No
Was ticket distribution made at the behest No $\square$ Yes 四
of agency official?
Face Value of Each TioketPass \$ $\qquad$



If no:


If yes:
3. Recipients





4. Verification
; 18949.1 and 16942 . I have venfod that the disbibution set forth above, is in acconderca with the requirements,


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


2．Function or Event Information
Does the agency have a ticket policy？Yes 图 No $\square$
Event Description


Ticket（s）／Pass（es）provided by agency？Yes No $\square$
Was ticket distribution made at the behest No 国 Yes 品 of agency official？

Face Value of Each Ticket／Pass $\qquad$

Date（s）
If no：
Name of Source
Alameda County Supervisor Scott Haggerty，D 1
If yes：


If no． official＇s Name（Last，Phi）

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


To reward a school or non－profit organization for it＇s contributions to the community．

4．Verification



## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

## A Public Document

| 1. Agency Name |
| :--- |
| Alameda County |
| Division, Department, or Region (If Applicable) |
| Board of Supervisors |
| Designated Agency Contact (Name ,Title) |
| Lee Ann Fergerson, Supervisors Assistant |
| Area CodeiPhone Number E-mail <br> (510) 272-6691 leeann.fergerson@aagov.org |

California
Form For Official Use Only
2. Function or Event information


Ticket(s)/Pass(es) provided by agency? Yes 图 No $\square$
Was ticket distribution made at the behest No 國 Yes of agency official?

Face Value of Each TicketPass \$
Date (s)


If no:


Nama of Source
Alameda County Supervisor Scott Haggerty, D 1

If yes:
official's Name (Lest Fisisi)

## 3. Recipients

- Use Section A co Identify the agency's department or unit. - Use Section B to identify an Individual. - Uso Section C to identify an outside organization.

$\qquad$


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



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

3. Recipjents

- Use Section A to identify the agency's department or unit. Use Section B to identify an Individual. - Uso Soction C to identify an ourtside organization.


Comment:

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

A Public Document

3. Recipients

- Use Seclion A to Identify the agency's dopartment or unlt. - Use Sectlon B to identify an indilidual. - Uso Section C to identlify an outside organzation.

$\qquad$

| $B_{+}+$Y, |  | Thathy |
| :---: | :---: | :---: |
| Bulvinaro | 4 | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. |
|  |  |  |
|  |  | $\qquad$ |

4. Verification -
5. 1 and 18942. I have verifed that the distribution set forth abeve, is in accondance with the requirments.

|  | 3944. 1 and 18942. Ihave verifed that the distribution set forth ebove, is in acconctance with the requirments. |  |  |
| :---: | :---: | :---: | :---: |
|  | Lee Ann Fergerson | Supervisor's Assistant | 1020110 |
| Signalure of Agendy Heador dositheo | Pont Neme | The | m, Das, Yoenf |

Comment:

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

2. Function or Event Information


Ticket(s)/Pass(es) provided by agency? Yes (1) No $\square$
Was ticket distribution made at the behest No $\square$ Yes $\square$ Face Value of Each Ticket/Pass $\$ \ldots 26$ Date (s)
$\qquad$ of agency official?

If yes:
$\xrightarrow[\text { Offalal's Name (Last, Fusil) }]{\text { Alameda County Supervisor Scott Haggerty, D } 1}$

## 3. Recipients

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

$\qquad$


4. Verification
16944.1 and 18342. I have verified that the distribution set forth above, is in accordance with the requirements.
$\frac{\text { Lee Ann Fergerson }}{\text { PAnt Nama }}$ $\square$


Comment:

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions
A Public Document

2. Function or Event Information

Does the agency have a ticket policy?
Event Description


Yes $\int(7) \mathrm{No} \square$
Provide Titeefexpitantion
Ticket(s)/Pass(es) provided by agency?
Was ticket distribution made at the behest of agency official?


Face Value of Each TicketPass $\$ 126.00$


If yes: $\qquad$
3. Recipients

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


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

Ceremonial Role $\square$ Other $\square$
Wcherking "Ceremonial Role" or "O Her" describe brow:
" 1 checking "Carmondal Role" or "OWner" describe ballon
C.


Comment:

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

| Ceremonial Role Ev | and Ticketrass Dist | A Public Document |  |
| :---: | :---: | :---: | :---: |
| 1. Agency Name Alameda County |  | Date Stamp | California Form 802 |
| Divislon, Department, or Region (II Applicabie) |  |  | Fer Onfodel Use Oriy |
| Board of Supervisors |  |  |  |
| Designated Agency Contac |  |  |  |
| Lee Ann Fergerson, Super | isor's Assistant | $\square$ Amendment | axpleartion in Part |
| Area CodelPhore Numiter (510) 272-6691 | $\|$E-mail <br> leeann.fergerson@acgov.org | Date of Original | (GXOATh DAy Year) |

2. Function or Event Information


$$
\text { Face Vatue of Each TicketPass } \$ 000,0 \mathrm{O}
$$

| Mckel(s)/Pass(es) provided by agency? Yes No口 |
| :--- |
| $\begin{array}{l}\text { Was ticker distribution made at the behest } \\ \text { of agency official? }\end{array}$ |

3. Recipients




| AIEVADASATOOL | 2 | for |
| :---: | :---: | :---: |
| 39450 Royal Palm Dr Fremont $A$ ays38-183 |  |  |

4. $4-+\sqrt{2}=-4 t-$



## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

2. Function or Event Information

Does the agency have a ticket policy?
Yes $\square$ No l
Event Description


Provide Trfa/Explanation
Ticket(s)/Pass(es) provided by agency?
Was ticket distribution made at the behest of agency official?


Face Value of Each Ticket/Pass \$

3. Recipients




Ucheqkirp "Commenter Fola"ar "Otter" doyprbe blow:


## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

2. Function or Event Information


Ticket(s)/Pass(es) provided by agency? Yest if No 口
Was ticket distribution made at the behest of agency official?
No Yes $\mathrm{BL}_{6}$
3. Recipients




| Friends of Children with | $4 / 1$ | To Reward a school or nonprofit organization for <br> Special NeedS FCSN |
| :--- | :--- | :--- |
| Its contributions to the community. |  |  |
| 2300 Peralta Bud., Fremont |  |  |

4. Verification
19344.1 and 16942. I have varfiod that the distribution sat forth above, is in acrondange with the requirements.



## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

2. Function or Event Information

Does the agency have a ticket policy?

3. Reciplents

A-

| Alameda Cointy D.A. | 2 | ex |
| :--- | :--- | :--- |
| YaugWomeris Suturday Program |  |  |

To reward a county employee for his or her



Caramonta Rele $\square$ Other $\square$
Incomta $\square$

4. Verification


|  | Lee Ann Fergerson | Supervisor's Assistant | $10 / 20 / 16$ |
| :---: | :---: | :---: | :---: |
|  | Prin Mama | THO | (mbath, Day Y Yax) |

Comment:

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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| Date Stamp | Calfornia Form 802 |
|  | Fer Cifictal Use Orly |
| Arrondment Must provdo explanation in Part 3.) <br> Date of Original Filling: $\qquad$ |  |

2. Funcilon or Event Information


Thekel(s)/Pass(es) provided by agency? Yes $\square$ No $\square$
Was ticket distribution made at the behest No Yes $\square$
 If no: Nema of Saure
Alameda County Supervisor 5cott Haggerty, D 1
3. Recipjents



| Scott tragiecty | $G$ | To obtain oversight of facilities or events that have received county funding or support |
| :---: | :---: | :---: |
|  |  |  |
| Brex |  |  |
|  |  |  |
|  |  |  |
|  |  |  <br>  |


4. Vefificetion

391 and 18542 i have varffed that the dishibution sot forth atove, is in actordance with the raquinmants.


Comment:

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

| 1. Agency Name Alameda County |  | Date Stamp | ${\underset{c}{\text { Calfornia }}}_{\substack{\text { Form }}}^{802}$ |
| :---: | :---: | :---: | :---: |
| Oivision, Bepartment, or Region (lf Applicabia) |  |  | Fer Ofridit Uze Only |
| Board of Supervisors |  |  |  |
| Designated Agency Comiac | Name, |  |  |
| Lee Ann Fergerson, Super | sor's Assistant |  |  |
| Area Codelshone Number (510) 272-6691 | E-mail leeann.fergerson@acgov.org | Date of Original |  |

2. Function or Event information


| Mcket(s)/Pass(es) provided by agency? | Yes $\square$ No $\square$ |
| :--- | :--- |
| Wes ticket distribution made at the behest <br> of agency official? | No $\square$ Yes $\square$ |

Face Value of Each TickevPass $\$ 1075.00$
 Alameda County Supervisor Scott Haggerty, D 1


## 3. Recipjents






Coremanld Role $\square$ Othar $\square$
nowme $\square$

Wot

| Pliasauton Crushars | / | lo reward a school or non-protit organization tor |
| :--- | :--- | :--- |
| it's contributions to the community. |  |  |
| 429 Thrasher Aue. |  |  |
| Livermove CA 44557 |  |  |

4. Verification


Agency Report of：
Ceremonial Role Events and Ticket／Pass Distributions
1．Agency Name
Alameda County

| Date Stamp | California Form 802 |
| :---: | :---: |
|  | For Official Use Only |
|  |  |
| $\square$ Amendment（Must provide explanation in Part 3．） |  |
|  |  |
| Date of Original Filing： |  |

2．Function or Event Information

Does the agency have a ticket policy？Yes $\mathbb{\text { No }} \square$
Event Description $\frac{\text { Disney on Ice－Passport to Adventure }}{\text { Provide Titleたたxplanation }}$
Ticket（s）／Pass（es）provided by agency？Yes $\square$ No 区
Was ticket distribution made at the behest No Yes 区 of agency official？

Face Value of Each Ticket／Pass \＄ 55.50

3．Recipients
－Use Section A to identify the agency＇s department or unit．－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． <br> Name of Individual <br> （Last，First） | Number of Ticket（s）／ Pass（es） | Identify one of the following： |
| Gonzalez，Catalina | 4 | Ceremonial Role $\square$ Other $\boxtimes$ Income $\square$ <br> If checking＂Ceremonial Role＂or＂Other＂describe below：  <br> To reward a community volunteer for her service to the public． |
|  | 4 | Ceremoniai Role $\square \quad$ Other $\square$ 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


Comment：

Ceremonial Role Events and Ticket/Pass Distributions

| 1. Agency Name Alameda County |  | Date Stamp | California Form 802 |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (If Applicable) |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name, Title) |  |  |
| Nancy Sa |  | $\square$ Amendment | explanation in Part |
| Area Code/Phone Number (510) 272-6692 | E-mail nancy.sa@acgov.org | Date of Original F | (Month, Day, Year) |

2. Function or Event Information

Does the agency have a ticket policy? Yes $\mathbb{Z}$ No $\square$
Face Value of Each Ticket/Pass \$
55.50

Event Description Disney on Ice - Passport to Adventure
Date(s) $10,30,16$
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区
Was ticket distribution made at the behest
No Yes【 If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$ of agency official?

If yes: $\frac{\text { Valle, Richard- Supervisor District } 2}{\text { Officiar's Name (Last, Fistt) }}$
3. Recipients

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


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

| Signature of Agency Head or Designee | Nancy Sa | Print Name | Supervisor's Assistant |
| :---: | :---: | :---: | :---: |
| Tille | $10 / 25 / 16$ |  |  |
| (Month, Day, Year) |  |  |  |

Comment:

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

1. Agency Name

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

Date Stamp

2. Function or Event Information

Does the agency have a ticket policy?
Yes $\mathbb{\text { No }} \square$
Event Description Disney on Ice - Passport to Adventure
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No $\boxtimes$

Was ticket distribution made at the behest of agency official?

Face Value of Each Ticket/Pass \$ 55.50
$\qquad$
If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$
If yes: $\frac{\text { Valle, Richard- Supervisor District } 2}{\text { Official's Name (Last, First) }}$
3. Recipients

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


4. Verification

Jlations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
$=\frac{\text { Nancy Sa }}{\text { Signature of Agency Head or Designee }} \quad$ Print Name $\quad$ Supervisor's Assistant $\quad$ Title $\quad 10 / 25 / 16$

Comment:

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

## A Public Document

| 1. Agency Name Alameda County |  | Date Stamp | California Form 802 |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (ff Applicabie) |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contact (Name, Title) |  |  |  |
| Nancy Sa |  | $\square$ Amendment (Must provide explanation in Part 3.) <br> Date of Original Filing: $\qquad$ |  |
| Area Code/Phone Number (510) 272-6692 | E-mail nancy.sa@acgov.org |  |  |  |

## 2. Function or Event Information



## 3. Recipients

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


4. Verification
is 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

| 1. Agency Name Alameda County |  | Date Stamp | California Form 802 |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (If Applicable) |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Vame, Titte) |  |  |
| Nancy Sa |  | $\square$ Amendment (Must provide explanation in Part 3.) |  |
| Area Code/Phone Number (510) 272-6692 | E-mail nancy.sa@acgov.org |  |  |  |

## 2. Function or Event Information

| Does the agency have a ticket policy? Yes $\mathbb{X}$ No $\square$ | Face Value of Each Ticket/Pass \$ 168 |
| :---: | :---: |
| Event Description Kanye West: The Saint Pablo Tour | Date(s) $10,23,16$ |
| Event Descripio TitlerExplanation |  |
| Ticket(s)/Pass(es) provided by agency? Yes $\square$ No区 | If no: Golden State Warriors |
|  | Name of Source |
| Was ticket distribution made at the behest $\quad$ No $\square$ Yes $\boxtimes$ of agency official? | 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.


4. Verification


Comment:

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

## A Public Document

| 1. Agency Name Alameda County |  | Date Stamp | California Form 802 |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (ff Applicable) |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contact (Name, Title) |  |  |  |
| Nancy Sa |  | $\square$ Amendment (Must provide explanation in Part 3.) |  |
| Area Code/Phone Number (510) 272-6692 | E-mail nancy.sa@acgov.org |  |  |  |

2. Function or Event Information Does the agency have a ticket policy? Yes $\mathbb{\text { ? }}$ ? $\square$ Event Description Kanye West: The Saint Pablo Tour Ticket(s)/Pass(es) provided by agency? Yes $\square$ No 区 Was ticket distribution made at the behest No $\square$ Yes $\mathbb{}$ of agency official?

Face Value of Each Ticket/Pass \$ 168

Recipients

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


4. Verification


Comment:

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

## A Public Document



2．Function or Event Information

| Does the agency have a ticket policy？ | Yes 区 No $\square$ | Face Value of Each Ticket／Pass \＄ 126 |
| :---: | :---: | :---: |
| Event Description Amy Schumer |  | Date（s） $10,20,16$ |
| Provide Title／たxplanation |  |  |
| Ticket（s）／Pass（es）provided by agency？ | Yes $\square$ No 区 | If no：Golden State Warriors |
| Ticker（s）Pass（es）provided by agency？ | Yes $\square$ No $\boxtimes$ | Name of Source |
| Was ticket distribution made at the behest of agency official？ | No $\square$ Yes 区 | If yes：$\frac{\text { Valle，Richard－Supervisor District } 2}{\text { Official＇s Name（Last，First）}}$ |

3．Recipients
－Use Section A to identify the agency＇s department or unit．－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 |
| :---: | :---: | :---: |
| Community Development Agency | 4 | To reward a County employee for her exemplary service to the public |
| B． Name of Individual Rast Frst） | Number of Ticket（s）／ Pass（es） | Identify one of the following： |
|  | 4 | Ceremonial Role $\square \quad$ Other $\square$ If checking＂Ceremonial Role＂or＂Other＂describe below： |
|  | 4 | Ceremonial Role $\square \quad$ Other $\square$  <br> If checking＂Ceremonial Role＂or＂Other＂describe below： Income $\square$ |
| C．Name of Outside Organization （include address and description） | Number of Ticket（s）！ Pass（es） | Describe the public purpose made pursuant to the agency＇s policy |
|  |  |  |
|  |  |  |

## 4．Verification

Signature of Agency Head or Designee $\quad$ Nancy Sa $\quad$ Print Name $\quad 18944.1$ 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

| 1. Agency Name Alameda County |  | Date Stamp | $\begin{aligned} & \text { California } \\ & \text { Form } \end{aligned} 802$ |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (If Applicable) |  |  | For official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name, Titite) |  |  |
| Nancy Sa |  | $\square$ Amendment | explanation in Part |
| Area Code/Phone Number (510) 272-6692 | E-mail nancy.sa@acgov.org | Date of Original F |  |

2. Function or Event Information

Does the agency have a ticket policy? Y N $\quad$ Face Value of Each Ticket/Pass \$ 126
Event Description Maroon 5
Date(s) $10,16,16$

Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No区
Was ticket distribution made at the behest
No Yes 区
Face Value of Each Ticket/Pass \$

$$
\text { Date(s) } \frac{10}{16} 1
$$

of agency official?
If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$
If yes: Valle, Richard- Supervisor District 2
3. Recipients

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


4. Verification

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

Signature of Agency Head or Designee $\quad$ Nancy Sa $\quad$ Print Name $\quad$| Supervisor's Assistant |
| :---: |
| Titte |

Comment:

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

## A Public Document

| 1. Agency Name |  |
| :---: | :---: |
| Division, Department, or Region (If Applicable) |  |
| Board of Supervisors |  |
| Designated Agency Contact (Name, Title) |  |
| Nancy Sa |  |
| Area Code/Phone Number (510) 272-6692 | E-mail nancy.sa@acgov.org |
| 2. Function or Event Information |  |
| Does the agency have a ticket policy? Yes ${ }^{\text {? }}$ No $\square$ |  |
| Event Description WWE Monday Night Raw |  |
| Provide Title/Explanation |  |
| Ticket(s)/Pass(es) provided by agency? Yes $\square$ No 区 |  |
| Was ticket distribution made of agency official? | at the behest $\quad$ No $\square$ Yes $\boxtimes$ |


| Date Stamp | California <br> Form <br>  <br> For Official Use Only <br>  <br> $\square$ |
| :--- | :--- |
| Amendment (Must provide explanation in Part 3.) |  |
| Date of Original Filing: $\frac{\text { (Month, Day, Year) }}{}$ |  |

## . Function or Event Information

Event Description WWE Monday Night Raw
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区
No $\square$ Yes $\boxtimes$

Face Value of Each Ticket/Pass \$
99.75

Date(s) $10,10,16$ $\qquad$
If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$
If yes: $\frac{\text { Valle, Richard- Supervisor District } 2}{\text { Official's Name (Last, First) }}$
3. Recipients

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


4. Verification

Ihowo raod and , mitoratand EDDC Dammstime 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
$\frac{\text { Nancy Sa }}{\text { Print Name }} \frac{\text { Supervisor's Assistant }}{\text { Titte }} \frac{10 / 25 / 16}{\text { (Month, Day, Year) }}$

Comment:

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

2. Function or Event Information

3. Recipients


4. Verification

| 1 | $\cdots$ Nancy Sa | Supervisor's Assistant | 10/25/16 |
| :---: | :---: | :---: | :---: |
| 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


2. Function or Event Information
Does the agency have a ticket policy? $\quad$ Yes $\mathbb{\text { Provide Titte/Explanation }}$ No $\square$

Event Description $\frac{\text { Golden State Music Festival }}{}$| Ticket(s)/Pass(es) provided by agency? |
| :--- |$\quad$ Yes $\square$

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

Face Value of Each Ticket/Pass \$ 89.25
Date(s) $10,14,16$
If no: Golden State Warriors
Name of Source
If yes: $\frac{\text { Valle, Richard- Supervisor District } 2}{\text { Offcial's Name (Last, Fistt) }}$
3. Recipients

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


4. Verification

I have read and understand FPPC Reculations 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
$\frac{\text { Nancy Sa }}{\text { Print Name }}$
$\frac{\text { Supervisor's Assistant }}{\text { Titte }}$
$\frac{10 / 25 / 16}{(\text { Month, Day, Year) }}$

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

| 1. Agency Name Alameda County |  | Date Stamp | California Form |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (If Applicable) |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name, Title) |  |  |
| Nancy Sa |  | Amendment (Must provide explanation in Part 3.) <br> Date of Original Filing: $\qquad$ |  |
| Area Code/Phone Number (510) 272-6692 | E-mail nancy.sa@acgov.org |  |  |  |

2. Function or Event Information

Does the agency have a ticket policy? Yes $\mathbb{\text { No }} \square$
Event Description $\frac{\text { Sia: Nostalgic for the Present }}{\text { Provide Title/Explanation }}$
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区
Face Value of Each Ticket/Pass \$
149.50

Was ticket distribution made at the behest No $\square$ Yes $\boxtimes$
Date(s) 10,16 $\qquad$ of agency official?

If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$
If yes: $\frac{\text { Valle, Richard- Supervisor District } 2}{\text { Official's Name (Last, First) }}$
3. Recipients

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


4. Verification
i haion mat mm inniamand coor Danmistinme 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

$\frac{\text { Supervisor's Assistant }}{\text { Titile }}$

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

| 1. Agency Name Alameda County |  | Date Stamp | California Form |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (If Applicable) |  |  | For Official Use Oniy |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name, Title) |  |  |
| Nancy Sa |  | $\square$ Amendment (Must provide explanation in Part 3.) |  |
| Area Code/Phone Number (510) 272-6692 | E-mail nancy.sa@acgov.org | Date of Original | (Month, Day, Year) |

2. Function or Event Information

Does the agency have a ticket policy? Yes $\mathbb{X}$ No $\square$
Event Description $\frac{\text { Bad Boy Family Reunion }}{\text { Provide TitleeExplanation }}$
Ticket(s)/Pass(es) provided by agency? Yes $\square$ No $\boxtimes$
Was ticket distribution made at the behest $\quad$ No $\square$ Yes $\boxtimes$ of agency official?

Face Value of Each Ticket/Pass \$ 137.25
Date(s) $09,30,16$

If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$
If yes: $\frac{\text { Valle, Richard- Supervisor District } 2}{\text { Official's Name (Last, First) }}$
3. Recipients

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



## 4. Verification

I have read and understand FPPC Reculations 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



Comment:

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

## A Public Document

| 1. Agency Name |  | Date Stamp | $\begin{aligned} & \text { California } \\ & \text { Form } \end{aligned} 802$ |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (If Applicable) |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name, Titte) |  |  |
| Nancy Sa |  | Amendment | explaation in $P$ |
| Area Code/Phone Number (510) 272-6692 | E-mail nancy.sa@acgov.org | Date of Original |  |

2. Function or Event Information

Does the agency have a ticket policy? Yes $\mathbb{\boxtimes}$ No $\square$
Event Description $\frac{\text { Raiders vs. Chargers }}{\text { Provide Tite-Explanation }}$
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区
Face Value of Each Ticket/Pass \$
275
Date(s) $10,9,16$ $\qquad$
If no: Oakland Raiders
Name of Source
Was ticket distribution made at the behest No Yes $\square$ of agency official?

If yes: $\frac{\text { Valle, Richard- Supervisor District } 2}{\text { Official's Name (Last, Fist) }}$
3. Recipients


## 4. Verification

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


Comment:
Includes 1 parking pass at the value of $\$ 35$.

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

2. Function or Event Information

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


## 4. Verification

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


Comment: Includes 1 parking pass at the value of $\$ 35$

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


## 2．Function or Event Information

| Does the agency have a ticket policy？ | Yes 区 No $\square$ | Face Value of Each Ticket／Pass \＄ 675 |
| :---: | :---: | :---: |
| Event Description Warriors vs．Clippers |  | Date（s） $10,4,16$ |
| Provide Titteたxplanation |  |  |
| Ticket（s）／Pass（es）provided by agency？ | Yes $\square$ No区 | If no：Golden State Warriors |
|  |  | Name of Source |
| Was ticket distribution made at the behest of agency official？ | No $\square$ Yes 区 | If yes：$\frac{\text { Valle，Richard－Supervisor District } 2}{\text { Official＇s Name（Last，First）}}$ |

## 3．Recipients

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

| A．Name of Agency，Department or Unit | Number of <br> Ticket（s）／ <br> Pass（es） | Describe the public purpose made pursuant to the agency＇s policy |
| :--- | :--- | :--- |
|  |  |  |
| Name of Individual |  |  |
| B． |  | Nust，Frst） |

4．Verification
I have rean and minderstand FPPC．Recmiations 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 $\quad-\frac{\text { Nancy Sa }}{\text { Print Name }} \frac{\text { Supervisor＇s Assistant }}{\text { Title }} \frac{10 / 25 / 16}{\frac{1}{\text {（Month，Day，Year）}}}$

Comment：

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

2. Function or Event Information

Does the agency have a ticket policy? Yes $\mathbb{\text { N }}$ N $\square$
Event Description $\frac{\text { Warriors vs. Trail Blazers }}{\text { Provide TiteたExplanation }}$
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No区
Was ticket distribution made at the behest of agency official?

Face Value of Each Ticket/Pass \$
Date(s) $10,21,16$

If no: Golden State Warriors
Name of Source
If yes: $\frac{\text { Valle, Richard- Supervisor District } 2}{\text { Officiel's Name (Last, First) }}$

## 3. Recipients

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


4. Verification


Signature of Agency Head or Designe

- Nancy Sa $\quad$ Print Name $\frac{\text { Supervisor's Assistant }}{\text { Title }} \frac{10 / 25 / 16}{\text { (Montr, Day, Year) }}$

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

1．Agency Name
Alameda County
Division，Department，or Region（If Applicable）
Board of Supervisors
Designated Agency Contact（Name，Titte）
Amy Shrago

| Area Code／Phone Number | E－mail <br> （510） $272-6695$ | Amendment（Must provide explanation in Part 3．） <br> amy．shrago＠acgov．org |
| :--- | :--- | :--- |
| Date of Original Filing：$\frac{}{\text {（Month，Day，Year）}}$ |  |  |

2．Function or Event Information

| Does the agency have a ticket policy？ | Yes $\square$ No区 | Face Value of Each Ticket／Pass \＄ 90.00 |
| :---: | :---: | :---: |
| Event Description A＇s vs．Red Sox |  | Date（s） $09,03,16$ |
| Provide Titte／Explanation |  |  |
| Ticket（s）／Pass（es）provided by agency？ | Yes $\square$ No 区 | If no：Oakland A＇s |
|  |  | Name of Source |
| Was ticket distribution made at the behest of agency official？ | No $\square$ Yes 区 | If yes：$\frac{\text { Carson，Keith }}{\text { Official＇s Name（Last，First）}}$ |

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


## 4．Verification

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

|  | Amy Shrago | Supervisor＇s Assistant | 10／01／16 |
| :---: | :---: | :---: | :---: |
|  | Print Name | Title | （Month，Day，Year） |

Comment：

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


2．Function or Event Information

| Does the agency have a ticket policy？ | Yes $\square$ No 区 | Face Value of Each TicketPass \＄ | 27.00 |
| :---: | :---: | :---: | :---: |
| Event Description A＇s vs．Angels |  | Date（s） 09,07 |  |
| Provide Title／Explanation |  |  |  |
| Ticket（s）／Pass（es）provided by agency？ | Yes $\square$ No区 | If no：Oakland A＇s |  |
| Was ticket distribution made at the behest of agency official？ | No $\square$ Yes 区 | If yes：Carson，Keith |  |

3．Recipients


| A．Name of Agency，Department or Unit | Number of Ticket（s）！ Pass（es） | Describe the public purpose made pursuant to the agency＇s policy |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
| B．$\quad \substack{\text { Name of Individual } \\ \text { lust frst }}$ | Number of Ticket（s）！ Pass（es） | Identify one of the following： |
| Spencer，Scott | 2 |  <br> To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev |
|  |  | Ceremonial Role $\square$ If checking＂Ceremonial Role＂or or Other $\square$ |
| C．$\quad \begin{gathered}\text { Name of Outside Organization } \\ \text {（include address and description）}\end{gathered}$ | $\begin{aligned} & \text { Number of } \\ & \text { Ticket(s)/ } \\ & \text { Pass(es) } \end{aligned}$ | Describe the public purpose made pursuant to the agency＇s policy |
|  |  |  |
|  |  |  |

4．Verification

|  | Amy Shrago | Supervisor＇s Assistant | 10／01／16 |
| :---: | :---: | :---: | :---: |
| دygnawre or agency pereo or vesignee | Print Name | Tite | （Morth，Day，Year） |

Comment：

Agency Report of：
Ceremonial Role Events and Ticket／Pass Distributions
1．Agency Name
Alameda County
Division，Department，or Region（If Applicable）
Board of Supervisors
Designated Agency Contact（Name，Title）
Amy Shrago
Area Code／Phone Number
（510）272－6695
E－mail
Function or Event Information
Does the agency have a ticket policy？
Yes $\square$ No 区
Face Value of Each Ticket／Pass \＄
California
Form 802
For Official Use Only

Date（s） $09,09,16$
$\qquad$
Ticket（s）／Pass（es）provided by agency？Yes $\square$ No 区
If no：Oakland A＇s
Was ticket distribution made at the behest
No $\square$ Yes 区
If yes：Carson，Keith
Name of Source
of agency official？
Official＇s Name（Last，First）
3．Recipients
－Use Section A to identify the agency＇s department or unit．－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） | $\begin{gathered} \text { Number of } \\ \text { Ticket(s)/ } \\ \text { Pass(es) } \\ \hline \end{gathered}$ | Identify one of the following： |
|  |  | Ceremonial Role $\square$ If checking＂Ceremonial Role＂or or Other describe below： $\square$ |
|  |  | Ceremonial Role $\square$ If checking＂Ceremonial Role＂or orther Otescribe below： |
| C． $\begin{gathered}\text { Name of Outside Organization } \\ \text {（include address and description）}\end{gathered}$ | $\begin{aligned} & \hline \text { Number of } \\ & \text { Ticket(s)! } \\ & \text { Pass(es) } \\ & \hline \end{aligned}$ | Describe the public purpose made pursuant to the agency＇s policy |
| Peter Pan Cooperative Nursery School 4618 Allendale Ave．Oakland CA 94619 | 2 | To reward a school or nonprofit organization for its contributions to the community |
|  |  |  |

## 4．Verification

I havn mad mad ．．．ndmand EnOn Regulations 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

1. Agency Name

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
California
Form
For Official Use Only
$\square$ 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 $\square$ No $\mathbb{F} \quad$ Face Value of Each Ticket/Pass $\$ \ldots 80.00$
Event Description $\frac{\text { A's vs. Mariners }}{\text { Provide Title/Explanation }}$ Date $(\mathrm{s})$, 09,16 If no: Oakland A's

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

Was ticket distribution made at the behest of agency official?

No $\square$ Yes 区
If yes: $\frac{\text { Carson, Keith }}{\text { Official's Name (Last, First) }}$
3. Recipients

| A. | Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |
| B. | Name of Individual (Last, First) | Number of Ticket(s)! Pass(es) | Identify one of the following: |
|  |  |  | Ceremonial Role $\square$ Other $\square$ Incon |


4. Verification

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


Comment:

1．Agency Name
Alameda County
Division，Department，or Region（If Applicable）
Board of Supervisors
Designated Agency Contact（Name，Tittle）
Amy Shrago

| Area Code／Phone Number | E－mail |
| :--- | :--- |
| （510）272－6695 | amy．shrago＠acgov．org |

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

| Date Stamp | California <br> Form <br> For Official Use Only |
| :--- | :--- |
| 口 Amendment（Must provide explanation in Part 3．） <br> Date of Original Filing： <br> MMonth，Day，Year） |  |

Event Description $\frac{\text { A＇s vs．Mariners }}{\text { Provide Tittl／Explanation }}$
Ticket（s）／Pass（es）provided by agency？
Yes $\square$ No 区
Was ticket distribution made at the behest
No $\square$ Yes 区 of agency official？
No K
Date（s） $09,10,16$
$\qquad$
If no：Oakland A＇s
If yes：$\frac{\text { Carson，Keith } \quad \text { Name of Source }}{\text { Officiar＇s Name（Last，First）}}$
Officia＇s＇s Name（Last，First）

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


## 4．Verification

I have road add ilndarstand FPPC．Requlations 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

| 1. Agency Name Alameda County |  | Date Stamp | California Form |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (If Applicable) |  |  | For Official Use O |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name, Titite) |  |  |
| Amy Shrago |  | Amendment (Must provide explanation in Part 3 . |  |
| 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 $\square$ No 区
Face Value of Each Ticket/Pass \$
Event Description $\frac{\text { A's vs. Astros }}{\text { Provide Titte/Explanation }}$

$$
\text { Date(s) } 09,20,16
$$

$\qquad$
$\qquad$
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区
If no: Oakland A's
Was ticket distribution made at the behest
No $\square$ Yes $\boxtimes$

If no: | If yes: $\frac{\text { Carson, Keith }}{}$ |
| :--- |
| Officiar's Name (Last, First) |

3. Recipients

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


|  | 2 | To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev |  |
| :---: | :---: | :---: | :---: |
|  |  | Ceremonial Role $\square$ Other $\square$ If checking "Ceremonial Role" or "Other' describe below: | Income |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)! Pass(es) | Describe the public purpose made pursuant to the agency's policy |  |

4. Verification

I havn mad nnti imninntmen mor Degulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|  | Amy Shrago | Supervisor's Assistant | 10/01/16 |
| :---: | :---: | :---: | :---: |
| / slagpature of Agency/ $)^{\text {ead or Designee }}$ | Print Name | Title | (Month, Day, Year) |

Comment:


## 2．Function or Event Information

Does the agency have a ticket policy？
Yes $\square$ No 区
Face Value of Each Ticket／Pass \＄
Event Description A＇s vs．Astros $\qquad$
$\qquad$

Ticket（s）／Pass（es）provided by agency？
Yes $\square$ No 区
Was ticket distribution made at the behest
No Yes 区

|  |  | Name of Source |
| :---: | :---: | :---: |
|  | If yes： Carson，Keith |  |
|  |  |  | of agency official？

Official＇s Name（Last，First）
3．Recipients
－Use Section A to identify the agency＇s department or unit．－Use Section B to identify an individual．－Use Section C to identify an outside organization．

| A．Name of Agency，Department or Unit | Number of <br> Ticket（s）／ <br> Pass（es） | Describe the public purpose made purs uant to the agency＇s policy |
| :--- | :--- | :--- |
|  |  |  |
| N． |  |  |
| Name of Individual |  |  |
| （Last，Frst） |  |  |


|  | 2 |
| :--- | :--- |

To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
Ceremonial Role $\square \quad$ Other $\square \quad$ Income $\square$

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

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

## 4．Verification



| sij. |  |
| :---: | :---: |
|  |  |

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

2. Function or Event Information

3. Recipients

- Use Section A to identify the agency's department or unit. - 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. <br> Name of Individual <br> (Lest, First) | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
|  |  | Ceremonial Role $\square$ Other $\square$ If checking "Ceremonial Role" or "Other" describe below: |
|  |  | Ceremonial Role $\square$ Other $\square$ Income $\square$ <br> If checking "Ceremonial Role" or "Other" describe below:  |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| Asian Health Services 818 Webster St, Oakland, CA 94607 serve and advocate f | 4 | To reward a school or nonprofit organization for its contributions to the community. |
|  |  |  |

## 4. Verification

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


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

| 1. Agency Name Alameda County |  | Date Stamp | California Form |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (If Applicable) |  |  | For Official Use O |
| Board of Supervisors |  |  |  |
| Designated Agency Contact (Name, Titite) |  |  |  |
| Amy Shrago |  | $\square$ Amendment (Must provide explanation in Part |  |
| 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?
Face Value of Each Ticket/Pass $\$$
Event Description A's vs. Rangers $\qquad$
Ticket(s)/Pass(es) provided by agency? Yes $\square$ No【
If no: Oakland A's
Was ticket distribution made at the behest $\quad \mathrm{No} \square$ Yes $\boxtimes$
If yes: $\frac{\text { Carson, Keith }}{\text { Official's Name (Last, First) }}$ of agency official?
3. Recipients

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

| A. Name of Agency, Department or Unit | $\begin{array}{\|c} \hline \text { Number of } \\ \text { Ticket(s) } \\ \text { Pass(es) } \end{array}$ | 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 If checking "Ceremonial Role" or "Otter d describe betow: $\square$ |
|  |  | Ceremonial Role $\square$ If checking "Ceremonial Role" or orther describe below: $\square$ |
| C. $\quad \begin{gathered}\text { Name of Outside Organization } \\ \text { (include address and description) }\end{gathered}$ | Number of <br> Ticket(s)/ <br> Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| Down Syndrome Connection of the Bay Area 117 Town and Country Dr, Danville, | 2 | To reward a school or nonprofit organization for its contributions to the community. |
|  |  |  |

4. Verification

I have rind and umdmminnt $\cos$, Regulations 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

2. Function or Event Information

3. Recipients

- Use Section A to identify the agency's department or unit. - 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) | $\begin{gathered} \hline \text { Number of } \\ \text { Ticket(s) } \\ \text { Pass(es) } \\ \hline \end{gathered}$ | Identify one of the following: |
|  |  |  |
|  |  | Ceremonial Role $\square$ If checking "Ceremonial Role" or orther $\square$ 'describe beiow: |
| C. $\quad \begin{gathered}\text { Name of Outside Organization } \\ \text { (include address and description) }\end{gathered}$ | $\begin{aligned} & \hline \text { Number of } \\ & \text { Ticket(s)! } \\ & \text { Pass(es) } \\ & \hline \end{aligned}$ | Describe the public purpose made pursuant to the agency's policy |
| Down Syndrome Connection of the Bay Area 117 Town and Country Dr, Danville, | 18 | To reward a school or nonprofit organization for its contributions to the community. |
|  |  |  |

## 4. Verification

I have........................... ${ }^{\circ}$ C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Comment:

2. Function or Event Information

Does the agency have a ticket policy?
Yes $\square$ No 区
Event Description A's vs. Rangers
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区
Was ticket distribution made at the behest $\quad$ No $\square$ Yes $\boxtimes$
of agency official?

Face Value of Each Ticket/Pass \$ 32.00

$$
\text { Date(s) } 09,24,16
$$

If no: Oakland A's
Name of Source
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 (Last. First) | $\begin{aligned} & \text { Number of } \\ & \text { Ticket(s)/ } \\ & \text { Pass(es) } \\ & \hline \end{aligned}$ | Identify one of the following: |
| Carson, Keith | 2 | Ceremonial Role $\square$ If checking "Ceremonial Role" or "Other" " describe below: <br> To review the ability of a facility or its operator to participate in the County's job creation goals or job training programs. |
|  | - | Ceremonial Role If checking "Ceremonial Rolet" or othter" describe below: $\quad$ Income $\square$ |
| C. $\quad \begin{gathered}\text { Name of Outside Organization } \\ \text { (include address and description) }\end{gathered}$ | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|  |  | - |
|  |  |  |

4. Verification



| 1．Agency Name Alameda County |  | Date Stamp | California Form |
| :---: | :---: | :---: | :---: |
| Division，Department，or Region（If Applicable） |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Conta | Name，Titite） |  |  |
| Amy Shrago |  | $\square$ Amendment |  |
| Area Code／Phone Number （510）272－6695 | E－mail amy．shrago＠acgov．org | Date of Original | explanation in |

## 2．Function or Event Information

Does the agency have a ticket policy？
Yes $\square$ No区
Event Description $\frac{\text { Ringling Bros．and Barnum \＆Bailey Cir }}{\text { Provide Title／Explanation }}$
Ticket（s）／Pass（es）provided by agency？
Yes $\square$ No区
Was ticket distribution made at the behest
No $\square$ Yes区 of agency official？

Face Value of Each TicketPass \＄
Date（s） $08,18,16$
$\qquad$
$\qquad$
If no：Golden State Warriors Name of Source
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 |
| B．Name of Individual （Last，First） | $\begin{gathered} \text { Number of } \\ \text { Ticket(s)/ } \\ \text { Pass(es) } \\ \hline \end{gathered}$ | Identify one of the following： |
|  |  | Ceremonial Role $\square$ If checking＂Ceremonial Role＂or orther＂describe below： |
|  |  | Ceremonial Role $\square$ If checking＂Ceremonial Role＂or othther describe below： |
| C． $\begin{gathered}\text { Name of Outside Organization } \\ \text {（include address and description）}\end{gathered}$ | Number of Ticket（s）！ Pass（es） | Describe the public purpose made pursuant to the agency＇s policy |
|  |  |  |
|  |  |  |

## 4．Verification

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


Comment：

| 1．Agency Name Alameda County |  | Date Stamp | California Form $\% 02$ <br> For Official Use Only |
| :---: | :---: | :---: | :---: |
| Division，Department，or Region（If Applicable） |  |  |  |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name，Titte） |  |  |
| Amy Shrago |  | $\square$ Amendment（Must provide explanation in Part 3．） |  |
| 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 $\square$ No 区
Event Description $\frac{\text { Ringling Bros．and Barnum \＆Bailey Cir }}{\text { Provide Titte／Explanation }}$
Ticket（s）／Pass（es）provided by agency？
Yes $\square$ No 区
If no：Golden State Warriors
If yes：$\frac{\text { Carson，Keith } \quad \text { Name of Source }}{\text { Official＇s Name（Last，First）}}$

Was ticket distribution made at the behest
No $\square$ Yes 区 Face Value of Each Ticket／Pass \＄ 42.00 of agency official？
Date（s） $08,19,16$ $\qquad$ 1 $\qquad$

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


## 4．Verification

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

|  | Amy Shrago | Supervisor＇s Assistant | 09／01／16 |
| :---: | :---: | :---: | :---: |
| Sighoulue or Agency nuryur עesignee | Print Name | Title | （Month，Day，Year） |

Comment：

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


## 2. Function or Event Information

Does the agency have a ticket policy?
Yes $\square$ No X
Event Description $\frac{\text { Ringling Bros. and Barnum \& Bailey Cir }}{\text { Provide Titte/Explanation }}$
Face Value of Each Ticket/Pass \$

| Ticket(s)/Pass(es) provided by agency? | Yes $\square$ No 区 |
| :--- | :--- |
| Was ticket distribution made at the behest <br> of agency official? | No $\square$ Yes $区$ |

Date(s) $08,20,16$
If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$
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. <br> Name of Individual (Last, First) | Number of Ticket(s)! Pass(es) | Identify one of the following: |
| Osorio, May Vickie | 4 | $\square$ $\square$ <br> If checking "Ceremonial Role" or "Other" describe below: <br> To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev |
|  |  | Ceremonial Role $\square$ Other $\square$ 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 r-and Regulations 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


## 2. Function or Event Information

Does the agency have a ticket policy?
Yes $\square$ No 区
Face Value of Each Ticket/Pass \$
Event Description $\frac{\text { Dixie Chicks }}{\text { Provide Title/Explanation }}$

$$
\text { Date(s) } 10,07,16
$$

$\qquad$
Ticket(s)/Pass(es) provided by agency? Yes $\square$ No 区

If no: Golden State Warriors
Name of Source
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 <br> Ticket(s)/ <br> Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| :--- | :--- | :--- |
|  |  |  |
| B. |  | Number of <br> Ticket(s)/ <br> Pass(es) |
| ILe of Individual |  |  |
| (Last) |  |  |


|  | 4 | T <br> hed |
| :--- | :--- | :--- |

To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
Ceremonial Role $\square \quad$ Other $\square \quad$ Income $\square$

If.

## 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.$\qquad$
$\overline{\text { gnee }} \frac{\text { Amy Shrago }}{\text { Print Name }}$
U
$\frac{\text { Supervisor's Assistant }}{\text { Titte }}$
$\frac{10 / 13 / 16}{\text { (Month, Day, Year) }}$
Comment:

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name

Date Stamp
California
Form 802
For Official Use Only
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

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 $\square$
No 区
Face Value of Each Ticket/Pass \$

Event Description WWE Monday Night Raw
Date(s) 10,10 $\qquad$
$\qquad$
Ticket(s)/Pass(es) provided by agency? Yes $\square$ No 区

If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$
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.



## 4. Verification

I have read and , imnamatand coon onjulations 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

| 1．Agency Name Alameda County |  | Date Stamp | $\begin{aligned} & \text { California } \\ & \text { Form } \end{aligned} 802$ |
| :---: | :---: | :---: | :---: |
| Division，Department，or Region（IfApplicable） |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | （Name，Titte） |  |  |
| Amy Shrago |  |  |  |
| Area Code／Phone Number (510) 272-6695 | E－mail amy．shrago＠acgov．org | Date of Original F | de explanation in Part |

2．Function or Event Information
Does the agency have a ticket policy？
Yes $\square$ No【
Face Value of Each Ticket／Pass \＄
Event Description Maroon 5 $\qquad$
Date（s） $10,16,16$ $\qquad$
Ticket（s）／Pass（es）provided by agency？Yes $\square$ No 区
If no：Golden State Warriors
Was ticket distribution made at the behest
No $\square$ Yes 区

If no．Name of Source
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．


## 4．Verification

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


U．$\stackrel{\text { Amy Shrago }}{\text { Print Name }}$
$\frac{\text { Supervisor＇s Assistant }}{\text { Title }} \frac{10 / 13 / 16}{\text {（Month，Day，Year）}}$

Comment：

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name

Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Titte)
Amy Shrago
Area Code/Phone Number
E-mail
(510) 272-6695
amy.shrago@acgov.org

California
Form
For Official Use Only
$\square$ 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?
Face Value of Each Ticket/Pass \$
168.00

Event Description Kanye West
Date(s) $10,22,16,10,23,16$

Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No凹
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official?

No $\square$ Yes 図
If yes: $\frac{\text { Carson, Keith }}{\text { Officia'r's Name (Last, First) }}$
3. Recipients

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



## 4. Verification

I havo roan ainimataretant FDDC Regulations 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

2. Function or Event Information

Does the agency have a ticket policy?
Yes $\square$ No 区
Face Value of Each TicketPass \$ 275.00

Event Description $\frac{\text { Raiders vs. Seahawks }}{\text { Provide Title/Explanation }}$
Date(s) $09,01,16$

Ticket(s)/Pass(es) provided by agency? Yes $\square$ No 区
Was ticket distribution made at the behest $\quad$ No $\square$ Yes $\boxtimes$
If no: $\frac{\text { Oakland Raiders }}{\text { Name of Source }}$

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.



## 4. Verification

I have read and /maumatand rnon n- qulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|  |  | Amy Shrago | Supervisor's Assistant | 10/01/16 |
| :---: | :---: | :---: | :---: | :---: |
| Signftut | $\because$ | Print Name | Tite | Month, Day, Year) |

Comment:

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name

Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number
(510) 272-6695

E-mail
amy.shrago@acgov.org

## California Form 02

For Official Use Only
2. Function or Event Information

3. Recipients

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


To review the ability of a facility or its operator to participate in the County's job creation goals or job training programs.


## 4. Verification

I have rean mad ...minntnad rann Regulations 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 Event̂s and Ticket／Pass Dist́ributions

| 1．Agency Name <br> Alameda County |  | Date Stamp | $\begin{aligned} & \text { Galifornia } \\ & \text { Form }\end{aligned}: 02$ |
| :---: | :---: | :---: | :---: |
| Division，Department，or Region（If Applicable） |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name，Titte） |  |  |
| Sarah Oddie |  |  |  |
| Area Code／Phone Number （510）272－6693 | E－mail <br> sarah．oddie＠acgov．org | Original | （Month，Day，Year） |

2．Function or Event Information
Does the agency have a ticket policy？
Yes 区 No $\square$
Face Value of Each Ticket／Pass $\$ \$ 250$ ticket $/ \$ 30$ parking
Event Description $\frac{\text { Basketball }}{\text { Pame }}$ Provide TittelExplanation
Date（s） $10,4,16$

Ticket（s）／Pass（es）provided by agency？
Yes $\square$ No区
Was ticket distribution made at the behest of agency official？

No $\square$ Yes 区
If no：$\frac{\text { Golden State Warriors }}{\text { Name of Source }}$
If yes：$\frac{\text { Chan，Wilma }}{\text { Official＇s Name（Last，First）}}$

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

| A．Name of Agency，Department or Unit | $\begin{gathered} \text { Number of } \\ \text { Ticket(s)) } \\ \text { Pass(es) } \end{gathered}$ | Describe the public purrose made pursuant to the agency＇s policy |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
| B．Name of Individual | $\begin{aligned} & \text { Number of } \\ & \text { Tisket(s) } \\ & \text { Pass(es) } \end{aligned}$ | Identity one of the following： |
| Bernstein，Barbara | 2＋p | Ceremonial Role $\square$ Other $\square$ <br> If checking＂Ceremonial Role＂or＂Other＂describe below <br> To promote attendance at a（n）．．．event held at a County facility in order to maximize potential County revenue． |
|  | ${ }^{2+p}$ |  |
| C．$\quad \begin{gathered}\text { Name of Outside Organization } \\ \text {（include address and description）}\end{gathered}$ |  | Describe the public purpose made pursuant to the agency＇s policy |
|  |  |  |
|  |  |  |

4．Verification
I have read and understand．FPPC Requiations 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 Alameda County |  | Date Stamp | California Form |
| :---: | :---: | :---: | :---: |
| $\overline{\text { Division, Department, or Region (lf Applicable) }}$ |  |  | For Official Use O |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name, Titte) |  |  |
| Sarah Oddie |  | Amendment (Must provide explanation in Part 3.) Date of Original Filing: $\qquad$ (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 $\mathbb{X}$ No $\square$
Face Value of Each Ticket/Pass \$ $\qquad$
Event Description $\frac{\text { Basketball Game }}{\text { Provide Titte/Explanation }}$
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区


Was ticket distribution made at the behest $\quad$ No $\square$ Yes $\boxtimes$
of agency official?
If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$

If yes: Chan, Wilma Official's Name (Last, Fistt)
3. Recipients

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


4. Verification Ih ations 18944.1 and 18942 . I have verified that the distribution set forth above, is in accordance with the requirements.
IV Signature of Agëncy Heead or Designee $-\frac{\text { Sarah Oddie }}{\text { Pfint Name }} \frac{\text { Supervisor's Assistant }}{\text { Title }} \frac{10.14 .2016}{\text { (Month, Day, Year) }}$

Comment:

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

| 1. Agency Name Alameda County |  | Date Stamp | California Form |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (lf Applicable) |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name,Title) |  |  |
| Sarah Oddie |  |  |  |
| Area Code/Phone Number (510) 272-6693 | E-mail sarah.oddie@acgov.org | Date of Original | (Month, Day, Year) |

2. Function or Event Information

Does the agency have a ticket policy?
Yes $\mathbb{X}$ No $\square$
Face Value of Each Ticket/Pass \$ $\qquad$
Event Description Basketball Game
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区
Was ticket distribution made at the behest
No $\square$ Yes $\boxtimes$


If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$
If yes: Chan, Wilma
Official's Name (Last, First)
3. Recipients

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


|  | 4 | O <br> 0 |
| :--- | :--- | :--- |

To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...

|  | 4 | Ceremanial Role $\square \quad$Other $\square$ <br> "checking 'Ceremonial Role" or "Other' Describe below: <br> C.Name of Outside Organization <br> (include address and description)Number of <br> Ticket(s)/ <br> Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| :--- | :---: | :---: | :---: |
|  |  |  |  |

4. Verification


## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

2. Function or Event Information

Does the agency have a ticket policy?
Yes $\mathbb{\text { ® }}$ N $\square$
Face Value of Each Ticket/Pass \$


Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区
Was ticket distribution made at the behest
NoYes $\boxtimes$
Date(s) $09,30,16$ $\qquad$ of agency official?

If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$
If yes: Chan, Wilma Official's Name (Last, First)
3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)' Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
| B. <br> Name of Individual <br> iLusi. Firsi | $\begin{aligned} & \hline \text { Number of } \\ & \text { Ticket(s) } \\ & \text { Pass(es) } \end{aligned}$ | Identify one of the following: |
| Weinstein, Miguel | 2 | Ceremonial Role $\square \quad$ Other $\square$ If checking "Ceremonial Role" or "Other" describe below: <br> To promote attendance at $a(n)$... event held at a County facility in order to maximize potential County revenue... |
|  | 2 | Ceremonial Role $\square \quad$ Other $\square$ Income $\square$ <br> If checking "Ceremonial Role" or "Other" describe below:  |
| C. Name of Outside Organization (include address and description) | $\begin{aligned} & \text { Number of } \\ & \text { Ticket(s)! } \\ & \text { Pass(es) } \end{aligned}$ | Describe the public purpose made pursuant to the agency's policy |
|  |  |  |
|  |  |  |

4. Verification

I have read find understand FPPC, Regulations 18944.1 and 18942 . I have verified that the distribution set forth above, is in accordance with the requirements.
Shnature of Agēncy Head or Designee - Sarah Oddie $\quad$ Pinit Name $\quad \frac{\text { Supervisor's Assistant }}{\text { Titte }} \frac{10.28 .2016}{\text { (MOorth, Day, Year) }}$

Comment:

## Agency Report of：

Ceremonial Role Events and Tïcket／Pass Distributions


2．Function or Event Information

| Does the agency have a ticket policy？ | Yes 区 | No $\square$ | Face Value of Each Ticket／Pas | \＄149．50 |
| :---: | :---: | :---: | :---: | :---: |
| Event Description $\square$ Sia |  |  | Date（s） $10,01,16$ | 1 |
| Provide Tituekx | anation |  |  |  |
| Ticket（s）／Pass（es）provided by agency？ | Yes $\square$ | No 区 | If no：$\frac{\text { Golden State Warriors }}{\text { Name }}$ |  |
| Was ticket distribution made at the behest of agency official？ | No $\square$ | Yes 区 | If yes：$\frac{\text { Chan，Wilma }}{\text { Officier＇} \mathrm{N}}$ |  |

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


4．Verification

| Vel | ons 18944.1 and 18942 ．Ihave verifed that the distribution set forth above，is in accordance with the requirements． |  |  |
| :---: | :---: | :---: | :---: |
|  | Sarah Oddie | Supervisor＇s Assistant | 10．28．2016 |
|  | Priot Name | Tille | （Mont，Day，Year） |
| Comment： |  |  |  |

## Agency Report of:

Ceremonial Roie Events and Ticket/Pass Distributions

| 1. Agency Name |  |  |
| :--- | :---: | :---: |
| Alameda County |  | Date Stamp |
| Division, Department, or Region (If Applicable) <br> Board of Supervisors |  |  |

2. Function or Event Information

Does the agency have a ticket policy?
Yes 区 No $\square$
Face Value of Each Ticket/Pass \$ $\$ 89.50$

Event Description $\frac{\text { Dixie Chicks }}{\text { Provide Titte/Explanation }}$
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No区

$\qquad$
Was ticket distribution made at the behest $\quad$ No $\square$ Yes $\boxtimes$
of agency official?
If no: Golden State Warriors
If yes: $\frac{\text { Chan, Wilma }}{\text { Officia's Name (Last, First) }}$
3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)! Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
| Name of Individual <br> (Last Fug) | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| Greenwald, Sue | 2 | Ceremonial Role $\square$ $\square$ <br> If checking "Ceremonial Role" or "Other" describe below: <br> To reward a community volunteer for his or her service to the public |
|  | 2 | Ceremonial Role $\square$ Other $\square$ If checking "Ceremonial Roie" or "Other" describe below: |
| C. $\begin{gathered}\text { Name of Outside Organization } \\ \text { (include address and description) }\end{gathered}$ | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|  |  |  |
|  |  |  |

4. Verification

| have rt (tions 18944.7 and 18942. I have venfied that the distnoution set |  |  |
| :---: | :---: | :---: |
|  |  |  |


|  | Sarah Oddie | Supervisor's Assistant | 10.13.2016 |
| :---: | :---: | :---: | :---: |
|  | Print Name | Tite | (Month, Day, Year) |

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

2. Function or Event Information

Does the agency have a ticket policy?
Event Description Dixie Chicks
Date(s) $10,07,16$

Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区
If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$
Was ticket distribution made at the behest of agency official?

No Yes $\boxtimes$
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.


4. Verification
Segulations 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

| 1. Agency Name Alameda County |  | Date Stamp | California Form |
| :---: | :---: | :---: | :---: |
| Division, Department, or R | Ion (If Applicable) |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name, Titite) |  |  |
| Sarah OddieArea Code/Phone NumberE-mail |  | Amendment (Must provide explanation in Part 3.) Date of Original Filing: $\qquad$ Month, Day, Year |  |
| Area Code/Phone Number (510) 272-6693 | E-mail <br> sarah.oddie@acgov.org |  |  |  |

2. Function or Event Information

Does the agency have a ticket policy? Yes $\mathbb{\text { ? }}$ No $\square$
Event Description $\frac{\text { WWE Monday Night Raw }}{\text { Provide Titte/Explanation }}$
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区
Was ticket distribution made at the behest
No
Yes【

Face Value of Each Ticket/Pass \$ $\$ 99.75$ Date(s) $10,10,16$

If no: Golden State Warriors Name of Source

If yes: Chan, Wilma Official's Name (Last, First)
3. Recipients

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


4. Verification

I hav
titions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
7 signawre or Agericy nuau vi veary

Comment:

| 1. Agency Name Alameda County |  | Date Stamp | California Form 802 |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (If Applicable) |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name, Titte) |  |  |
| Sarah Oddie |  | endment | explanation in Part |
| Area Code/Phone Number (510) 272-6693 | E-mail <br> sarah.oddie@acgov.org | Origin | th, Day, Year) |

2. Function or Event Information

Does the agency have a ticket policy?
Yes 区 No $\square$
Event Description $\frac{\text { Golden State Music Festival }}{\text { Provide Title/Explanation }}$
Ticket(s)/Pass(es) provided by agency?
Was ticket distribution made at the behest of agency official?

Face Value of Each Ticket/Pass \$
$\$ 89.25$


If no: $\frac{\text { Goiden State Warriors }}{\text { Name of Source }}$
If yes: $\frac{\text { Chan, Wilma }}{\text { Officiar's Name (Last, First) }}$
3. Recipients

- Use Section A to identify the agency's department or unit. - 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. <br> Name of Individual <br> (iast, :irst) | $\begin{aligned} & \hline \text { Number of } \\ & \text { Ticket(s) } \\ & \text { Pass(es) } \end{aligned}$ | Identify one of the following: |
|  |  | Ceremonial Role $\square \quad$ Other $\square$ Income $\square$ <br> If checking "Ceremonial Role" or "Other" describe below:  |
|  |  | Ceremonial Role $\square$ Other $\square$ 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 |
| Beyond Emancipation, 675 Hegenberger Rd \#100, Oakland, CA 94621 | 4 | To reward a school or nonprofit organization for its contributions to the community |
| Services to support current \& former foster youth in transition to adulthood |  |  |

4. Verification
$\frac{\text { Sarah Oddie }}{\text { Print Name }} \frac{\text { Supervisor's Assistant }}{\text { Titte }} \frac{10.13 .2016}{\text { (Month, Day, Year) }}$

## Agency Reporí of:

Ceremonial Role Events and Ticket/Pass Distribư̌ions
A Public Document

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


| Date Stamp | California <br> Form <br>  <br>  <br> For Official Use Only <br>  <br> $\square$ |
| :--- | :--- |
| Amendment (Must provide explanation in Part 3.) <br> Date of Original Filling: |  |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes $\mathbb{\text { No }} \square$
Face Value of Each Ticket/Pass \$
Event Description Maroon 5 ft . Tove Love \& Phases
Date(s) $10,16,16$
$\qquad$

Ticket(s)/Pass(es) provided by agency?
Was ticket distribution made at the behes
Yes $\square$ No 区

If no: Golden State Warriors
If yes: $\frac{\text { Chan, Wilma }}{\text { Offciaid's Name (Last, First) }}$
3. Recipients

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


4. Verification

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

## Agency Report of:

## Ceremonial Role Events and Ticket/Pass Dist́ributions

| 1. Agency Name Alameda County |  | Date Stamp | $\begin{gathered} \text { Calfornia } \\ \text { Form } \end{gathered} 802$ |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (ff Applicable) |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name, Titite) |  |  |
| Sarah Oddie |  | endment | de explanation in Part 3.) |
| Area Code/Phone Number (510) 272-6693 | E-mail sarah.oddie@acgov.org | Original | Month, Day, Year) |

## 2. Function or Event Information

Does the agency have a ticket policy?
Yes $\mathbb{X}$ No $\qquad$

Ticket(s)/Pass(es) provided by agency?
Was ticket distribution made at the behest of agency official?
Event Description

$$
\frac{\text { R. Kelly: The Buffet Tour }}{\text { Provide Titte/Explanation }}
$$

Face Value of Each Ticket/Pass \$ $\$ 110.25$
Date(s) $10,16,16$

If no: Golden State Warriors
If yes: Chan, Wilma
Name of Source

Official's Name (Last, First)
3. Recipients

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

| A. Name of Agency, Department or Unit | Number of <br> Ticket(s)/ <br> Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
| B. <br> Name of Individual (Last First) | $\begin{aligned} & \text { Number of } \\ & \text { Ticket(s)/ } \\ & \text { Pass(es) } \\ & \hline \end{aligned}$ | Identify one of the following: |
| Anderson, Carl Juan | 2 | Ceremonial Role $\square \quad$ Other $\square$  <br> If checking "Ceremonial Role" or "Other" describe below: Income $\square$ <br> To promote attendance at $a(n)$... event held at a County facility in order to maximize potential County revenue... |
|  | 2 | Ceremonial Role $\square \quad$ Other $\square$ Income <br> If checking "Ceremonial Role" or "Other" describe beliow:  |
| 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
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 | 10.13.2016 |
| :---: | :---: | :---: | :---: |
| $6 \sqrt{\text { Signature of Agency Head or Designee }}$ | Print Name | Title | (Month, Day, Year) |

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1. Agenc

| Agency Name Alameda County |  | Date Stamp | California Form |
| :---: | :---: | :---: | :---: |
|  |  | For Official Use Only |
| Division, Department, or Region (ff Applicable) |  |  |
| Board of Supervisors |  |  |
| Designated Agency Contact (Name, Titte) |  |  |
| Sarah Oddie |  | Amendment (Must provide explanation in Part 3.) Date of Original Filing: $\qquad$ |  |
| Area Code/Phone Number (510) 272-6693 | E-mail <br> sarah.oddie@acgov.org |  |  |

2. Function or Event Information

Does the agency have a ticket policy?
Event Description $\frac{\text { Amy Schumer }}{\text { Provide Tittelexplanation }}$

Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区
Face Value of Each Ticket/Pass $\$$

Was ticket distribution made at the behest $\quad$ No $\square$ Yes $\boxtimes$
of agency official?
Date(s) $10,20,16$

If no: Golden State Warriors

If yes: Chan, Wilma
Name of Source

Official's Name (Last, Fistst)
3. Recipients

4. Verification

I hav Jons 18944. 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|  | Sarah Oddie | Supervisor's Assistant | 10.13.2016 |
| :---: | :---: | :---: | :---: |
| Visnature of Agency Miead or Designes | Print Name | Title | (Month, Day, Year) |

Comment:

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
| Name of Individual <br> Last, Frst) | Number of Ticket(s)! Pass(es) | Identify one of the following: |
| Miller, Kristi | 2 | Ceremonial Role $\square$ $\square$ <br> If checking "Ceremonial Role" or "Other" describe below: <br> To reward a community volunteer for his or her service to the public |
|  | 2 | Ceremonial Roie $\square$ Other $\square$ If checking "Ceremonial Role" or "Other" describe below: |
| C. $\begin{gathered}\text { Name of Outside Organization } \\ \text { (include address and description) }\end{gathered}$ | Number of Ticket(s) $/$ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|  |  |  |
|  |  |  |

4. Verification

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

| 0 | Sarah Oddie | Supervisor's Assistant | 10.13.2016 |
| :---: | :---: | :---: | :---: |
| Signature of Ageñy Head or Designee | Print Name | Title | (Month, Day Year) |
| Comment: |  |  |  |

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

| Agency Name <br> Alameda County |  | Date Stamp | California Form |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (lf Applicable) |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name, Title) |  |  |
| Sarah Oddie |  | $\square$ Amendment | de expranation in Part 3.) |
| Area Code/Phone Number (510) 272-6693 | E-mail sarah.oddie@acgov.org | Date of Original | (Month, Day, Year) |

2. Function or Event Information

Does the agency have a ticket policy?

Yes $\mathbb{\text { No }}$ ■
Face Value of Each Ticket/Pass \$ $\qquad$
Date(s) $10,22,16$

If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$
If yes: Chan, Wilma Official's Name (Last, First)
3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| Lay, Christine | 4 | Ceremonial Role $\square$ Other $\square$ <br> If checking "Ceremonial Role" or "Other" describe below: <br> To promote attendance at $a(n) \ldots$ event held at a County facility in order to maximize potential County revenue... |
|  | 4 | Ceremonial Role $\square$ Other $\square$ Income $\square$ If checking "Ceremonial Role" or "Other" describe betow: |
| C. $\quad \begin{gathered}\text { Name of Outside Organization } \\ \text { (include address and description) }\end{gathered}$ | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|  | . |  |
|  |  |  |

4. Verification


Comment:

## Agency Report of:

## Ceremonial Role Events and Ticket/Pass Distributions


2. Function or Event Information

Does the agency have a ticket policy?
Event Description Kanye West: The Saint Pablo Tour
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No区
If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$
Was ticket distribution made at the behest
No Yes【
Face Value of Each Ticket/Pass \$
of agency official?
If yes: $\frac{\text { Chan, Wilma }}{\text { Official's Name (Last, First) }}$
3. Recipients

- Use Section A to identify the agency's department or unit. - 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 (Lest Frist) | Number of Ticketsts/f Pass(es) | Identify one of the following: |
| Mahones, Danielle | 2 | Ceremonial Role $\square$ Other $\square$ if checking "Ceremonial Role" or "Other" describe below: <br> To reward a community volunteer for his or her service to the public |
|  | 2 | Ceremonial Role If checking "Ceremonial Role" or "Offer" cescribe efow: Oth: $\square$ |
| C. $\begin{gathered}\text { Name of Outside Organization } \\ \text { (include address and description) }\end{gathered}$ | $\begin{aligned} & \text { Number of } \\ & \text { Ticket(s)/ } \\ & \text { Pass(es) } \\ & \hline \end{aligned}$ | Describe the public purpose made pursuant to the agency's policy |
|  |  |  |
|  |  |  |

4. Verification


|  | Sarah Oddie | Supervisor's Assistant | 10.13.2016 |
| :---: | :---: | :---: | :---: |
|  | Print Name | THe | (Month, Day, Year) |

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

| 1. Agency Name Alameda County |  | Date Stamp | $\begin{gathered}\text { California } \\ \text { Form }\end{gathered}: 02$ |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (ffApplicable) |  |  |  |
| Board of Supervisors |  |  |  |
| Designated Agency Contact (Name, Title) |  |  |  |
| Sarah Oddie |  | $\square$ Amendment (Nust provide explanation in Part 3.) <br> Date of Original Filing: $\qquad$ |  |
| 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?
Event Description Kanye West: The Saint Pablo Tour

Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No区
Was ticket distribution made at the behest $\quad$ No $\square$ Yes $\boxtimes$
Face Value of Each Ticket/Pass \$
of agency official?



If yes: $\frac{\text { Chan, Wilma }}{\text { Official's Name (Last, First) }}$
3. Recipients

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

| A. Name of Agency, Department or Unit | $\underset{\substack{\text { Number of } \\ \text { Ticket(s) } \\ \hline}}{ }$ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
| B. Name of Individual "Last Eusi' | Number of Pass(es) Pass | Identify one of the following: |
| Delgado, Francesca | 2 | $\square$ $\square$ $\square$ ibe below: <br> To promote attendance at $a(n) . .$. event held at a County facility in order to maximize potential County revenue... |
|  | 2 | Ceremonial Role $\square$ IThecking "Ceremonial Rove" or otherter descrice betow: Oncer $\square$ |
| C. $\quad \begin{gathered}\text { Name of Outside Organization } \\ \text { (include address and description) }\end{gathered}$ | Number of <br> Ticket(s)/ <br> Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|  |  |  |
|  |  |  |

4. Verification



Comment:

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information

Does the agency have a ticket policy?
Event Description
Disney on Ice: Passport to Adventure
Face Value of Each Ticket/Pass $\$ \ldots$
Date(s) $10,26,16$

Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区
If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$
Was ticket distribution made at the behest
No $\square$ Yes $\boxtimes$

3. Recipients

- Use Section A to identify the agency's department or unit. - Use Section B to identify an individual. - Use Section © 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 |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
| 3. <br> Name of Individual Rasi First | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
|  |  | Ceremonial Role $\square$ If checking "Ceremonial Role" or "Other" describe below: |
|  |  | Ceremonial Role $\square$ Other $\square$ Income $\square$ <br> 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 |
| Woodstock Child Development Center, 500 Pacific Ave, Alameda, CA 94501 | 4 | To reward a school or nonprofit organization for its contributions to the community |
| Subsidized preschool \& before \& after school programs for low-income families |  |  |

4. Verification
'egulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
$\overline{\text { gnee }} \frac{\text { Sarah Oddie }}{\text { Print Name }} \frac{\text { Supervisor's Assistant }}{\text { Titile }} \frac{10.28 .2016}{\text { (Month, Day, Year) }}$

## Agency Report of:

Ceremonial Role Events and TickeU/Pass Distributions

## A Public Document


2. Function or Event Information

Does the agency have a ticket policy? Yes $\boxtimes$ No $\square$
Event Description $\frac{\text { Disney on Ice: Passport Adventure }}{\text { Provide Titte/Explaanation }}$
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区
Was ticket distribution made at the behest $\quad$ No $\square$ Yes $\boxtimes$
Face Value of Each Ticket/Pass \$
$\$ 50.50$


If no: Golden State Warriors
If yes: Chan, Wilma
Name of Source of agency official?

Official's Name (Last, First)

## 3. Recipients

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


4. Verification
5. $V$ Signature of Agricy Head or Designee 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

| 1. Agency Name Alameda County |  | Date Stamp | $\begin{aligned} & \text { California } \\ & \text { Form } \end{aligned}: 02$ |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (If Applicable) |  |  | For official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name, Titite) |  |  |
| Sarah Oddie |  | nendment | de explanation in Part 3.$)$ |
| Area Code/Phone Number (510) 272-6693 | E-mail <br> sarah.oddie@acgov.org | f Original |  |

2. Function or Event Information

Does the agency have a ticket policy?
Yes $\mathbb{X}$ No $\square$
Disney on Ice: Passport Adventure
Provide Titie/Explanation
Ticket(s)/Pass(es) provided by agency?

Was ticket distribution made at the behest of agency official?

Face Value of Each Ticket/Pass \$ $\$ 50.50$
$\qquad$
If no: Golden State Warriors
Name of Source
If yes: $\frac{\text { Chan, Wilma }}{\text { Official's Name (Last, First) }}$
3. Recipients

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



## 4. Verification

I havaload and indmerctand Fppoff Remmatinns 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

| 1. Agency Name Alameda County |  | Date Stamp | California Form $\circlearrowright 02$ |
| :---: | :---: | :---: | :---: |
| Division, Department, or Region (If Applicable) |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name, Titie) |  |  |
| Sarah Oddie |  | endment | explanation in Part |
| Area Code/Phone Number (510) 272-6693 | E-mail <br> sarah.oddie@acgov.org | Original |  |

2. Function or Event Information
Does the agency have a ticket policy? Yes $\mathbb{N}$ № $\square$

Event Description
Disney on Ice: Passport to Adventure
Provide Tifte/Explanation
Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区
 Yes X

Was ticket distribution made at the behest
Face Value of Each Ticket/Pass $\$$
Date(s)
If no: $\frac{\text { Golden State Warriors }}{\text { Name of Source }}$ Official's Name (Last, First)
3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
| B. Name of Individual (tast fast | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
|  |  | Ceremonial Role $\square$ Other $\square$ Income $\square$ <br> "f checking "Ceremonial Role" or "Other" describe below:  |
|  |  | Ceremonial Roie $\square$ if checking "Ceremonial Role" or "Other" describe bellow: $\square$ |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| Alameda Recreation \& Parks Dept., 2226 Santa Clara Ave, Alameda, CA 94501 | 4 | To promote attendance at $a(n) \ldots$ event held at a County facility in order to maximize potential County revenue... |
| Manage parks \& recreation programs for City of Alameda |  |  |

4. Verification
Ih: stions 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

| 1. Agency Name Alameda County |  | Date Stamp | $\begin{aligned} & \text { California } \\ & \text { Form } \end{aligned} \& 02$ |
| :---: | :---: | :---: | :---: |
| $\overline{\text { Division, Department, or Region (If Applicable) }}$ |  |  | For Official Use Only |
| Board of Supervisors |  |  |  |
| Designated Agency Contac | Name, Titite) |  |  |
| Sarah Oddie |  | endment | explanation in Part |
| Area Code/Phone Number (510) 272-6693 | E-mail sarah.oddie@acgov.org | O Origina | onth, Day, Year) |

2. Function or Event Information

Does the agency have a ticket policy? Yes $\mathbb{N}$ No $\square \quad$ Face Value of Each Ticket/Pass $\$ \ldots \$ 55.50$
Event Description $\frac{\text { Disney on Ice: Passport Adventure }}{\text { Provide Titte/Explanation }}$
Date(s) $10,29,16$,

Ticket(s)/Pass(es) provided by agency?
Yes $\square$ No 区


Was ticket distribution made at the behest of agency official?

If no: $\frac{\text { Goiden State Warriors }}{\text { Name of Source }}$
If yes: $\frac{\text { Chan, Wilma }}{\text { Official's Name (Last, First) }}$
3. Recipients

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

| \%. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| Brown, Maddie | 4 | Ceremonial Role $\square$ Other $\square$ <br> "f checking "Ceremonial Role" or "Other" describe below: <br> To promote attendance at $a(n) \ldots$ event held at a County facility in order to maximize potential County revenue... |
|  | 4 | Ceremonia! Role $\square$ Other $\square$ if checking "Ceremonial Role" or "Other' describe betow: |
| C. $\quad \begin{gathered}\text { Name of Outside Organization } \\ \text { (include address and description) }\end{gathered}$ | Number of Ticket(s) Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|  |  |  |
|  |  |  |

## 4. Verification

Ihav $\quad$ Ins 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
1．Agency Name
Alameda County
Division，Department，or Region（ff Applicabie）
Board of Supervisors
Designated Agency Contact（Name，Titte）
Sarah Oddie
Area Code／Phone Number $\quad$ E－mail
（510）272－6693
sarah．oddie＠acgov．org
Amendment（Must provide explanation in Part 3．）
Date of Original Filing： $\qquad$
2．Function or Event Information

| Does the agency have a ticket policy？ | Yes 区 No $\square$ | Face Value of Each Ticket／Pa | \＄55．50 |
| :---: | :---: | :---: | :---: |
| Event Description Disney on Ice：Passport Adventure |  | 10,30 |  |
| Provide Titterexplanation |  |  |  |
| Ticket（s）／Pass（es）provided by agency？ | Yes $\square$ No 区 | If no：Golden State Warriors |  |
|  |  | Nam |  |
| Was ticket distribution made at the behest of agency official？ | No $\square$ Yes 区 | If yes：$\frac{\text { Chan，Wilma }}{\text { Officias }}$ |  |

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


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

1．Agency Name
Alameda County
Division，Department，or Region（If Applicable）
Board of Supervisors
Designated Agency Contact（Name，Titte）
Sarah Oddie
Area Code／Phone Number （510）272－6693

E－mail sarah．oddie＠acgov．org

California
Form 802
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2．Function or Event Information
Does the agency have a ticket policy？Yes $⿴ 囗 ⿱ 一 一 ⿻ 上 丨$

Ticket（s）／Pass（es）provided by agency？Yes $\square$ No 区
If no：$\frac{\text { Golden State Warriors }}{\text { Name of Source }}$

Was ticket distribution made at the behest No $\square$ Yes $\mathbb{}$ of agency official？

If yes：Chan，Wilma
Amendment（Must provide explanation in Part 3．）
Date of Original Filing：
（Month，Day，Year）
Face Value of Each Ticket／Pass $\$$
．Recipients
－Use Section A to identify the agency＇s department or unit．－Use Section B to Identify an individual．•Use Section C to identify an outside organization．


## 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
Prit Name
$\frac{\text { Supervisor＇s Assistant }}{\text { Tite }} \frac{10.31 .2016}{\text {（Month，Day，Year）}}$

