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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, Ticket Administrator
   Area Code/Phone Number
   E-mail
   510-272-6691
   leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $304.80
   Event Description: Warriors/Raptors
   Event Date(s) 10/25/17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Raiders
   Name of Source
   If yes: Haggerty, Scott
   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)/Passes
      Describe the public purpose made pursuant to the agency's policy

   B. Name of individual (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      - To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
      - Ceremonial Role ☒ Other ☐ Income ☐
      - If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I, Lee Ann Ferguson, undersigned Authority of FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

   Signature of Agency Head or Designee
   Lee Ann Ferguson
   Print Name
   Supervisors Assistant
   Title
   10/19/17
   (month, day, year)

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   Alameda County

   Division, Department, or Region (if applicable)
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor’s Assistant

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

   Date of Original Filing: ____________ (month, day, year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 304.80
   Event Description:  Warriors Tickets
   Date(s) 10/27/17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: ____________
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, D1
   Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELLIOT MCCUNE</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee  Lee Ann Fergerson  Supervisor’s Assistant  10/27/17 (month, day, year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, Ticket Administrator

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ 304.80
   Event Description: Warriors/Grizzlies Basketball
   Date(s) 12 / 30 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: SSW Name of Source
   If yes: Haggerty, Scott Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency’s policy
   
   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency’s policy
   MTC/BATA/ABAG 375 Beale St., Ste. 800 SF, CA 94105 4/1 To reward a School or Non-profit organization for its contributions to the community
   lthompson@bayareametro.gov

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 regulations.

   Signature of Agency Head or Designee: Lee Ann Ferguson
   Print Name: Ticket Administrator: Title: 10/30/17
   (month, day, year)

   Comment: To raise funds for the San Francisco Bay Trail, a planned 500-mile walking and cycling path

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

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

Date Stamp
California Form 802
For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)
Date of Original Filing: ____________________________ (month, day, year)

2. Function or Event Information
Does the agency have a ticket policy? [Yes ☑ No ☐]
Face Value of Each Ticket/Pass $ $60
Event Description: Disney on Ice
Date(s) 10/23/17
Ticket(s)/Pass(es) provided by agency? [Yes ☑ No ☐]
If no: ________________________________________
Name of Source
If yes: ________________________________________
Name of Source (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>B. Name of Individual</th>
<th>C. Name of Outside Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLERK OF THE BOARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To reward a county employee for his or her exemplary servie to the public</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identification of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Lee Ann Fergerson
Print Name
Ticket Administrator
Title
10/23/17
(month, day, year)

Comment: ________________________________________

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

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

**Designated Agency Contact (Name, Title)**
Lee Ann Fergerson, Ticket Administrator

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☐ No ☑
- **Event Description:** Disney on Ice
- **Face Value of Each Ticket/Pass $** 100
- **Date(s)** 10 / 19 / 17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **If yes:**
  - **Name of Source:** Haggerty, Scott
  - **Official’s Name (Last, First):**
- **Was ticket distribution made at the behest of agency official?** Yes ☐ No ☑

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

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerk of the Board</td>
<td>4</td>
<td>To reward a county employee for his or her exemplary service to the public</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

**Signature of Agency Head or Designee**

**Print Name**

**Ticket Administrator**

**Title**

**Date** 10/19/17 *(month, day, year)*

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

1. Agency Name
   County of Alameda

   Division, Department, or Region (if applicable)
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Ticket Administrator

   Area Code/Phone Number
   510-272-6691

   E-mail
   leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $304.80
   Event Description: Warriors Basketball
   Date(s) 2 / 8 / 18 3 / 27 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: GSW
   Name of Source
   If yes: Haggerty, Scott
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency's policy
      First Street Ale House
      2106 First Street, Livermore CA 94550
      8/2 To reward a non-profit organization for its contributions to the community

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

   Signature of Agency Head or Designee: LEE ANN FERGERSON
   Print Name
   Supervisors Assistant
   Title
   10/18/17 (month, day, year)

   Comment: Proceeds for Rooms of Hope, a non-profit org. that creates dream rooms for children with life threat. illnesses
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

   Division, Department, or Region (if applicable)
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson

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

   Date Stamp
   California Form 802
   For Official Use Only

   Amendment (Must Provide Explanation in Part 3.)
   Date of Original Filing:

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $304.80
   Event Description: Warriors vs Pistons/Basketball
   Date(s) 10/29/17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: GSW
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, D1
   Official’s Name (Last, First)

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

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

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

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency’s policy
      GIVE TEENS 20 (GIVETEENS20)
      7100 Stevenson Bl., #108 Fremont, CA 94538
      4/1
      To reward a non-profit organization for its contributions to the community

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

   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Supervisor’s Assistant
   Title
   10/12/17
   (month, day, year)

   Comment: All in White Masquerade Night fundraiser for GT20’s in-class presentations and coaching programs. GT20.org

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

1. Agency Name
   Alameda County

   Division, Department, or Region (if applicable)
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson

   Area Code/Phone Number
   510-272-6691

   E-mail
   leeann.fergerson@acgov.org

   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $304.80
   Event Description: Warriors vs Miami
   Date(s) 11/06/17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: SSW
   Name of Source

   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, D1
   Official's Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fremont Elks Lodge No. 2121 B.P.O.E. 38991 Farwell Dr., Fremont, CA 94536-4532</td>
<td></td>
<td>To reward a non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee: Lee Ann Fergerson
   Print Name: Supervisor's Assistant: 10/12/17
   Title: (month, day, year)

   Comment: Fremont Elks Casino Night fundraiser to benefit handicapped children.

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

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

Date Stamp California Form 802
For Official Use Only
□ Amendment (Must Provide Explanation in Part 3.)
Date of Original Filing: (month, day, year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No □ Face Value of Each Ticket/Pass $ 304.80
Event Description: Warriors/Mavericks Basketball
Provide Title/Explanation
Date(s) 12 / 14 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: SSW
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☑ No □ If yes: Alameda County Supervisor Scott Haggerty, D1
Official’s Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pases</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tri-Valley Conservency</td>
<td>4/1</td>
<td>To reward a non-profit organization for its contributions to the community</td>
</tr>
<tr>
<td>1457 First Street, Livermore, CA 94550</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: ____________________________
Lee Ann Ferguson Supervisor’s Assistant 10/12/17 (month, day, year)
Print Name: ____________________________ Title: ____________________________

Comment: A fundraiser to help support the conservancy, "Preserve Land, Connect Communities, Enrich Life"
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

   Division, Department, or Region (if applicable)
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor’s Assistant

   Area Code/Phone Number
   510-272-6691

   E-mail
   leeann.fergerson@acgov.org

   Date of Original Filing: ____________(month, day, year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ ____________
   Event Description: Warriors Tickets / Lakers
   Date(s) ____________
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: GSW
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, D1
   Official’s Name (Last, First)

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

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

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

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency’s policy
      To reward a school or non-profit organization for its contributions to the community

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

   Signature of Agency Head or Designee: Lee Ann Fergerson
   Print Name
   Supervisor’s Assistant
   Title
   Date 10/12/17
   (month, day, year)

   Comment: BLACK TIE FUNDRAISER to benefit and support cancer patients treated in the Radiation Oncology Center
   angus.coachran@whhs.com 510-291-342X

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Name: Alameda County
Division, Department, or Region (if applicable): Board of Supervisors
Designated Agency Contact (Name, Title): Lee Ann Fergerson, Supervisor's Assistant
Area Code/Phone Number: 510-272-6691
E-mail: leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $304.80
Event Description: Warriors Tickets
Date(s): 11/13/17
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: GSW
If yes: Alameda County Supervisor Scott Haggerty, D1
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)/Passes
Describe the public purpose made pursuant to the agency's policy

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

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

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

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

Signature of Agency Head of Department or Agency
Lee Ann Fergerson Print Name
Supervisor’s Assistant Title
Date: 10-11-17 (month, day, year)

Comment:
Save provides alternatives to domestic violence through support services, advocacy and education assists domestic violence victims and their families. For their fundraiser.

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Supervisor’s Assistant
Area Code/Phone Number  E-mail
510-272-601  Leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☑ No ☐
Face Value of Each Ticket/Pass $304.80
Event Description: Basketball - Hornets
Date(s) 01/27/17
Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
If no: GSW
Name of Source
Name of Source
Alameda County Supervisor Scott Haggerty, D1
Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit
Alameda County Deputy Sheriff’s Assn. (DSA)
Number of Ticket(s)/Passes 20/4
Describe the public purpose made pursuant to the agency’s policy
To reward a county employee for their exemplary service to the public

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

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

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

Signature of Agency Head of Department
Lee Ann Fergerson  Supervisor’s Assistant  10/10/17
Print Name  Title  (month, day, year)
Comment: Alamedadsa.com  Fundraiser Item.

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

Division, Department, or Region (if applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Ticket Administrator

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No □ Face Value of Each Ticket/Pass $ 305.55
Event Description: Raiders/Chiefs Football
Provide Title/Explanation
Date(s) 10 / 19 / 17

Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: Raiders
Name of Source
If yes: Haggerty, Scott
Official’s Name (Last, First)

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

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

B. Name of Individual (Last, First) Number of Ticket(s)/Passes Identify one of the following:
Gonzales, Rafael 4/1 To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

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

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

Signature of Agency Head or Designee
Lee Ann Fergerson

Supervisors Assistant
Lee Ann Fergerson

Print Name
Supervisors Assistant
Lee Ann Fergerson

Title
Lee Ann Fergerson

Date (month, day, year) 10/19/17

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Lee Ann Fergerson, Ticket Administrator
   Area Code/Phone Number: 510-219-6562
   E-mail: leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Face Value of Each Ticket/Pass $ 304.80
   Event Description: Warriors/Kings Basketball
   Date(s): 03 / 16 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No □
   If no: SSW
   Name of Source: Haggerty, Scott
   Oficial's Name (Last, First):
   Was ticket distribution made at the behest of agency official? Yes ☑ No □

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

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<tr>
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</thead>
<tbody>
<tr>
<td>Jody Amos, Amos Productions</td>
<td>4/1</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
<tr>
<td>5715 Southfront Road, Ste C1, Livermore, CA 94551</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee: Lee Ann Fergerson
   Title: Ticket Administrator
   Date: 10/25/17

   Comment: www.amospro.com for Altamont Creek Elementary School, Livermore donation request letter

   A large percentage of the students at the school have limited English proficiency. A public elementary school.
   A fundraiser.
Agency Name
Alameda County

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

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

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

Date of Original Filing: __________ (month, day, year)

2. Function or Event Information

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

Event Description: Warriors Tickets Face Value of Each Ticket/Pass $304.80

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

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

Name of Source
Scott Haggerty, D1

Name of Issuer
Alameda County Supervisor Scott Haggerty, D1

Official’s Name (Last, First)

3. Recipients

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

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<th>Identify one of the following: Income</th>
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<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
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<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunflower Hill Moonlight on the Vines</td>
<td>4/1</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

| P.O. Box 11436 | Pleasanton, CA 94588 |

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 policy of the agency.

Signature of Agency Head or Designee
Lee Ann Ferguson
Supervisor’s Assistant

Print Name
Title

Comment: info@sunflowerhill.org

Fundraiser: To develop a community for individuals with special needs that provides for long residency options in the Bay Area ensuring quality of life, individual choice and an intentional community embraced by the larger neighborhood/city/region.

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 304.80
Event Description: Warriors vs Nuggets/Basketball
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: SSW
If yes: Alameda County Supervisor Scott Haggerty, D1
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)/ Passes Describe the public purpose made pursuant to the agency's policy

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

C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy
BIKE EAST BAY, ATTN: Biketopia P.O. Box 1736 Oakland, CA 94604 4 To reward a non-profit organization for its contributions to the community

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance
Signature of Agency Head or Designate
Lee Ann Fergerson Print Name
 Supervisor's Assistant Title 10/12/17
(month, day, year)
Comment: bikeeastbay.org Our donation supports BEB's vision of all people of all ages and abilities biking for everyday transportation, for exercise and fun in the East Bay, Biketopia Fundraiser

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson
   Area Code/Phone Number 510-272-6691
   E-mail Leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Warriors/Clippers Basketball
   Face Value of Each Ticket/Pass $ 304.80
   Date(s) 02 / 22 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: SSW
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, D1
   Official’s Name (Last, First)

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

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

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

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pases
      Describe the public purpose made pursuant to the agency’s policy
      East Bay Community Energy - EBCE
      224 W. Winton Ave., Hayward, CA 94544
      4/1
      To reward a non-profit organization for its contributions to the community.

4. Verification
   I declare under penalty of perjury that I am a member of the County Administrative Team and I have verified that the distribution set forth above, is in accordance with the provisions of the California Public Records Act (section 6254.4), and is consistent with the policies and procedures established in the County. I have also reviewed the agency’s policy and procedures for ticket distribution, and these actions are consistent with that policy.

   Lee Ann Fergerson
   Supervisor’s Assistant
   10/13/17
   (month, day, year)

   Comment: https://www.hayward-ca.gov
   These tickets are to benefit UCSF Children’s Hospital
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

Date Stamp
California Form 802
For Official Use Only

Amendment (Must Provide Explanation in Part 3.)
Date of Original Filing: (month, day, year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 304.80
Event Description: Warriors Tickets / Knucks
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: GSW
Ticket Distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Alameda County Supervisor Scott Haggerty, D1

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

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<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
<td>East Bay Innovators 2450 Washington Ave #240 San Leandro, CA 94577</td>
<td>1/1</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Lee Ann Ferguson
Supervisor's Assistant
Print Name
Title
10-11-17 (month, day, year)

Comment: eastbayinnovations.org For Fundraiser

The proceeds from this item will be used to address the needs of individuals with autism, Down Syndrome, Cerebral Palsy and other developmental disabilities as well as adults who have become disabled as a result of health crises, accidents and acts of violence.
1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson
   Area Code/Phone Number
   510-272-6691
   E-mail
   Leeann.fergerson@acgov.org
   Date of Original Filing

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ 304.80
   Event Description: Warriors basketball/Timberwolves
   Date(s) 01/25/18 / / /
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: SSW
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, D1
   Official's Name (Last, First)

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

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   | Safe Alternatives to Violent Environments                        | 4/1                       | To reward a non-profit organization for its contributions to the community.

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the law.
   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name
   Title
   10/13/17 (month, day, year)

   Comment: info@save-dv.org Fundraising item for their event SAVE Provides alternatives to domestic violence through support services, advocacy and education. Assists domestic violence victims and their families.
   Fundraiser: An evening of Empowerment.
Agency Report of: Ceremony Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Lee Ann Ferguson, Supervisor's Assistant
   Area Code/Phone Number: 510-272-6691
   E-mail: Leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $304.80
   Event Description: Warriors/Hornets
   Date(s): 12/29/17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: GSW
   Name of Source: GSW
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, D1
   Official's Name (Last, First): Scott Haggerty

3. Recipients
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<td>Teamsters Local 856</td>
<td>4</td>
<td>To reward a school or non-profit organization for it's contributions to the community</td>
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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 law.

   Lee Ann Ferguson ☑ Supervisor's Assistant ☑ 10/10/17 (month, day, year)

   Comment: ☐ Raffle item for the solidarity & hardship fund. Helping members in financial need.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Ticket Administrator
Area Code/Phone Number 510-272-6691
E-mail leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 304.80
Event Description: Warriors vs. Bucks Basketball
Date(s) 03 // 29 // 18
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If yes: SSW
If no: Name of Source
If yes: Haggerty, Scott
Official’s Name (Last, First)

3. Recipients
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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livermore Valley Performing Arts Center 2400 First Street, Livermore CA 94550</td>
<td>4/1</td>
<td>To reward a School or Non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Lee Ann Fergerson
Ticket Administrator
10/31/17 (month, day, year)

Comment: [Handwritten notes]
- Fundraiser: Brilliance at the Bankhead
- To help LVMC continue to pursue their mission to offer a broad range of arts opportunities and experiences to engage a diverse community
- Educational outreach and field trip opportunities

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 304.80
   Event Description: Warriors/Suns Basketball
   Date(s) 02 / 12 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: GSW
   Name of Source
   If yes: Haggerty, Scott
   Official’s Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td>Livermore Valley Performing Arts Center 2400 First Street, Livermore CA 94550</td>
<td>4/1</td>
<td>To reward a School or Non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Lee Ann Fergerson
Print Name: Ticket Administrator
Title: 10/30/17
(month, day, year)

Comment: "To help White continue to pursue their mission to offer broad range of arts opportunities and experiences to engage our diverse community educational outreach & field trip opportunities. Fundraiser: Brilliance at the Bankhead."
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $250
Event Description The Weekend Date(s) 10 / 8 / 17
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Chan, Wilma

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:

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

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

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

Sarah Oddie Supervisor’s Assistant 10.31.2017

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

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

Date Stamp

California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $250
Event Description Depeche Mode
Provide Title/Explanation
Date(s) 10 / 10 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official’s Name (Last, First)

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

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

Wong, Christine 4

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

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

Sarah Oddie Supervisor’s Assistant 10.31.2017
Print Name Title (Month, Day, Year)

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐  
   Face Value of Each Ticket/Pass $ 60  
   Event Description Disney on Ice: Dream Big  
   Date(s) 10 / 20 / 17 / / /  
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  
   If no: Golden State Warriors  
   Name of Source  
   If yes: Chan, Wilma  
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I, Sarah Oddie, Supervisor's Assistant, 10.31.2017  
   signature of agency head or designee  
   Print Name  
   Title  
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Sarah Oddie

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Disney on Ice: Dream Big
   Face Value of Each Ticket/Pass $60
   Date(s) 10 / 22 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

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

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

4. Verification
   I, Sarah Oddie, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Supervisor’s Assistant
   Title
   Date 10.31.2017
   (Month, Day, Year)

Comment: 

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie

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

   Date Stamp

   California Form 802
   For Official Use Only

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $200

   Event Description
   Arcade Fire
   Provide Title/Explanation

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

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

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

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

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

      Pattiucci, Jenee
      2
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue...

      Amgott-Kwan, Jared
      2
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue...

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

4. Verification
   I have read and understand 18 CCR Regulations 1944.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Sarah Oddie
   Print Name
   Supervisor's Assistant
   Title
   10.31.2017 (Month, Day, Year)

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

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

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

#### 2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]  
Face Value of Each Ticket/Pass $ 150  
Event Description Enrique Iglesias + Pitbull  
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]  
If no: Golden State Warriors  
Name of Source
Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
If yes: Chan, Wilma  
Official's Name (Last, First)

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

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

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<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Padilla-Johnson, Rose</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td>Albarran, Nalleli</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

#### 4. Verification
I [have had and understood] (FPPC Regulations 18944.1 and 18942). I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee  
Sarah Oddie  
Print Name  
Supervisor's Assistant  
Title  
Date (Month, Day, Year) 10.31.2017  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 305.55 ticket/35 park
Event Description Football game
Provide Title/Explanation
Date(s) 10 / 08 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Raiders
Name of Source
If yes: Chan, Wilma
Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency’s policy

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

C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
Asian Health Services, 818 Webster St, Oakland, CA 94607 2 To reward a school or nonprofit organization for its contributions to the community
Medical clinic in Oakland

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

Signature of Agency Head or Designee Sarah Oddie Supervisor’s Assistant 10.31.2017 (Month, Day, Year)

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

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

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

**2. Function or Event Information**
Does the agency have a ticket policy?  
Yes ☒ No ☐  
Face Value of Each Ticket/Pass $ 305.55 ticket/35 park  
Event Description Football game
Event(s) Date(s)  
10 / 15 / 17
Ticket(s)/Pass(es) provided by agency?  
Yes ☒ No ☐  
If no: Oakland Raiders
**Name of Source**
If yes: Chan, Wilma
**Official’s Name (Last, First)**

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brekke-Miesner, Lukas</td>
<td>2+1park</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
</tbody>
</table>

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

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

**4. Verification**
I, [Name], head and authorized FPPC Designee 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee  
Sarah Oddie  
**Supervisor’s Assistant**  
**Print Name**  
**Title**  
10.31.2017 (Month, Day, Year)

**Comment:**

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

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

### 2. Function or Event Information
**Does the agency have a ticket policy?** Yes [x] No [ ]  
**Face Value of Each Ticket/Pass** $305.55 ticket/35 park
**Event Description** Football game
**Date(s)** 10 19 17
**Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
**Name of Source** Oakland Raiders
**Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
**Name of Source** Chan, Wilma

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medina, Samuel</td>
<td>2+1park</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
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<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2+1park</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

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

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

Signature of Agency Head or Designee
Sarah Oddie
Supervisor's Assistant
Title
Print Name
Date 10.31.2017
(Month, Day, Year)

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Sarah Oddie

   Area Code/Phone Number
   (510) 272-6693

   E-mail
   sarah.oddie@acgov.org

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

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

   Event Description
   Football game
   Date(s) 10 / 19 / 17

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

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

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

   A. Name of Agency, Department or Unit
      Describe the public purpose made pursuant to the agency’s policy

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

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

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

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

   Signature of Agency Head or Designee
   Sarah Oddie
   Supervisor’s Assistant
   10.31.2017
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $304.80 ticket/$30 park
   Event Description Basketball Game
   Date(s) 10 / 13 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Chan, Wilma

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Hersch-Walker, Sarah
      2
      To promote attendance at an event held at a County facility in order to maximize potential County revenue...
      Klus, Colleen
      2
      To reward a community volunteer for his or her service to the public

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

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

   Signature of Agency Head or Designee
   Sarah Oddie
   Print Name
   Supervisor's Assistant
   Title
   Date 10.31.2017

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $304.80 ticket/$30 park
   Event Description Basketball Game
   Provide Title/Explanation
   Date(s) 10 / 17 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      Rivera, Leticia
      To promote attendance at a(n)... event held at a County facility in
      order to maximize potential County revenue...
      Geisner, Benjamin
      Boskovich, Alex
      2+1park
      2+1park

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Sarah Oddie
   Print Name
   Supervisor’s Assistant
   Title
   10.31.2017
   (Month, Day, Year)
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $304.80 ticket/$30 park
   Event Description: Basketball Game
   Date(s): 10 / 17 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   If yes: Chan, Wilma
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

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

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

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

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

   Signature of Agency Head or Designee: Sarah Oddie
   Supervisor's Assistant: Print Name
   Title: Supervisor's Assistant
   Date: 10.31.2017
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Basketball Game
   Face Value of Each Ticket/Pass $304.80 ticket
   Date(s) 10 / 17 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

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

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

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

   Signature of Agency Head or Designee
   Sarah Oddie

   Supervisor’s Assistant
   Print Name
   Title
   10.31.2017
   (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy?  Yes X  No □
Face Value of Each Ticket/Pass $  304.80 ticket
Event Description Basketball Game
   Provide Title/Explanation
Date(s)  10 / 17 / 17
Ticket(s)/Pass(es) provided by agency?  Yes □  No X
If no:  Golden State Warriors
   Name of Source
Was ticket distribution made at the behest of agency official?  No □  Yes X
If yes:  Chan, Wilma
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheung, Eric</td>
<td>4</td>
<td>Ceremonial Role □  Other □  Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role □  Other □  Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee  Sarah Oddie  Supervisor’s Assistant  10.31.2017
Print Name  Title  (Month, Day, Year)

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

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

2. **Function or Event Information**  
   **Does the agency have a ticket policy?** Yes ☑ No ☐  
   **Event Description** Basketball Game  
   **Provide Title/Explanation**  
   **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐  
   **Face Value of Each Ticket/Pass** $304.80 ticket  
   **Date(s)** 10 / 25 / 17  
   **Name of Source** Golden State Warriors  
   **Official’s Name (Last, First)** Chan, Wilma  

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

   **A.** Name of Agency, Department or Unit  
   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)  
   Describe the public purpose made pursuant to the agency’s policy  
   Identify one of the following:  
   Ceremonial Role ☐ Other ☐ Income ☐  
   If checking “Ceremonial Role” or “Other” describe below:  
   To reward a community volunteer for his or her service to the public  
   Ceremonial Role ☐ Other ☐ Income ☐  
   If checking “Ceremonial Role” or “Other” describe below:  

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

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

   Signature of Agency Head or Designee  
   Sarah Oddie  
   Supervisor’s Assistant  
   10.31.2017  
   (Month, Day, Year)  
   Print Name  
   Title  
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Face Value of Each Ticket/Pass**: $304.80 ticket/$30 park
- **Event Description**: Basketball Game
- **Date(s)**: 10 / 25 / 17
- **Ticket(s)/Pass(es) provided by agency?** Yes ☒ No ☐
- **If no: Name of Source**: Golden State Warriors
- **If yes: Name of Source**: Chan, Wilma

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐ Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galvan, Gordon</td>
<td>2+1park</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>2+1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ If checking 'Ceremonial Role' or 'Other' describe below:</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

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

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

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Sarah Oddie</th>
<th>Supervisor's Assistant</th>
<th>10.31.2017 (Month, Day, Year)</th>
</tr>
</thead>
</table>

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $304.80 ticket/$30 park
Event Description Basketball Game
Provide Title/Explanations
Date(s) 10 / 25 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Krukowski, Eva</td>
<td>2+1park</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Krukowski, Eva</td>
<td>2+1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
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</table>

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

Signature of Agency Head or Designee
Sarah Oddie: Supervisor’s Assistant: 10.31.2017
Print Name: Title: (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Sarah Oddie

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

California Form 802
Date Stamp
For Official Use Only

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Face Value of Each Ticket/Pass $304.80 ticket
   Event Description: Basketball Game
   Date(s): 10 / 25 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No □
   If no: Golden State Warriors
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No □
   If yes: Chan, Wilma

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

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

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

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

4. Verification
   I, ___________________________ (Signature of Agency Head or Designee), have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor’s Assistant
   10.31.2017
   (Month, Day, Year)
   Comment: ____________________________________________________________
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $304.80 ticket
Event Description Basketball Game
Date(s) 10 / 29 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woods, Brendon</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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<td></td>
</tr>
</tbody>
</table>

4. Verification
I, Sarah Oddie, understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Signature of Agency Head or Designee
Sarah Oddie
Print Name
Supervisor's Assistant
Title
Date 10.31.2017
(Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $304.80 ticket/$30 park
   Event Description: Basketball Game
   Date(s): 10 / 29 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Name of Source: Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Official's Name (Last, First): Chan, Wilma

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nichols-Franz, Jan</td>
<td>2+1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>2+1park</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Sarah Oddie
Signature of Supervisor's Assistant: Supervisor's Assistant
Print Name: Sarah Oddie
Title: Supervisor's Assistant
Date: 10.31.2017
(Month, Day, Year)

Comment: 

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nathan Miley, Alameda County Supervisor
   Area Code/Phone Number
   (510) 272-6694
   E-mail
   bosdist4@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 90
   Event Description: A's Baseball Game
   Date(s) 9 / 4 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Oakland A's
   Name of Source
   If yes: Miley, Nathan
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
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<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Washington, Tanya</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐ To reward a county employee for their service the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee
   Nathan Miley
   Print Name
   Supervisor
   Title
   10/23/17
   (month, day, year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nathan Miley, Alameda County Supervisor
   Area Code/Phone Number: (510) 272-6694
   E-mail: bosdist4@acgov.org

   Date Stamp: ____________________________
   California Form 802
   For Official Use Only
   Amendment (Must Provide Explanation in Part 3.): ____________
   Date of Original Filing: ______ (month, day, year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 90
   Event Description: A's Baseball Game
   Date(s) 9/4/17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oaklands A's
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Miley, Nathan
   Official's Name (Last, First)

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

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

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

   Aritola, Kathy
   2

   Mosely, Mae
   2

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

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

   Signature of agency head or designee: Nathan Miley
   Print Name
   Supervisor
   Title
   10/23/17 (month, day, year)
   Comment:

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nathan Miley, Alameda County Supervisor
   Area Code/Phone Number
   (510) 272-6694
   E-mail
   bosdist4@acgov.org

   Date of Original Filing: (month, day, year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 90
   Event Description: A's Baseball Game
   Date(s) 9 / 4 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no, Oakland A's
   Name of Source
   If yes: Miley, Nathan
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
   ────────────────────────────────────────────────────────────────────────────────────
   ────────────────────────────────────────────────────────────────────────────────────
   Ramirez, Coco 7
   Ceremonial Role ☐ Other ☑ Income ☐
   To reward a community volunteer for his or her service to the public
   Ceremonial Role ☐ Other ☑ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

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

   Signature of Agency Head or Designee  Nathan Miley  Supervisor 10/23/17
   (month, day, year)
   Print Name
   Title

Comment: 

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

1. Agency Name
Alameda County

Division, Department, or Region (if applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Nathan Miley, Alameda County Supervisor

Area Code/Phone Number E-mail
(510) 272-6694 bosdist4@acgov.org

Date Stamp California Form 802
For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: (month, day, year)

2. Function or Event Information

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

Face Value of Each Ticket/Pass $80

Event Description: A's Baseball Game

Date(s) 9 / 5 / 17

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

If no: Oakland A's

Name of Source

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

If yes: Miley Nathan

Official's Name (Last, First)

3. Recipients

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

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<thead>
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<td>To promote attendance at a County sponsored event or event held at a County facility to maximize attendance</td>
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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 or Agency Head or Designee Print Name Superviser Title 10/25/17 (month, day, year)

Comment:
### 1. Agency Name
Alameda County

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

**Designated Agency Contact (Name, Title)**
Nathan Miley, Alameda County Supervisor

**Area Code/Phone Number**
(510) 272-6694

**E-mail**
bosdist4@acgov.org

### 2. Function or Event Information

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

- **Face Value of Each Ticket/Pass $**
  - 80

- **Event Description:**
  - A's Baseball Game

- **Date(s):**
  - 9/6/17

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

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

### 3. Recipients

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

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### 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: Nathan Miley  
Print Name: Nathan Miley  
Title: Supervisor  
Date: 10/23/17 (month, day, year)
## Agency Report of:
### Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
Alameda County

### Division, Department, or Region (if applicable)
Board of Supervisors

### Designated Agency Contact (Name, Title)
Nathan Miley, Alameda County Supervisor

### Area Code/Phone Number
(510) 272-6694

### E-mail
bosdist4@acgov.org

### 2. Function or Event Information

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

**Event Description:**
A's Baseball Game

**Face Value of Each Ticket/Pass:** $80

**Date(s):** 9 / 8 / 17

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

**If no:**

**Name of Source:**
Oakland A's

**If yes:**

**Name of agency official:** Nathan Miley

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

### 3. Recipients

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

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

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

| Sanftner, Paul | 2 | Ceremonial Role ☒ Other ☐ Income ☐ |

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

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

### 4. Verification

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

**Signature of Agency Head or Designee:** Nathan Miley

**Print Name:**

**Title:** Supervisor

**Date:** 10/23/17 (month, day, year)

**Comment:**

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nathan Miley, Alameda County Supervisor
   Area Code/Phone Number
   (510) 272-6694
   E-mail
   bosdist4@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $90
   Event Description: A's Baseball Game
   Date(s) 9/9/17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's
   Name of Source
   If yes: Nathan Miley
   Official Name (Last, First)

3. Recipients
   • Use Section A to identify the agency's department or unit.
   • Use Section B to identify an individual.
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<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Le, Janice</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
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<table>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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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: Nathan Miley
   Print Name: Miley
   Title: Supervisor
   Date: 10/23/17
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nathan Miley, Alameda County Supervisor
   Area Code/Phone Number E-mail
   (510) 272-6694 bosdist4@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: A's Baseball Game
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $80
   Date(s) 9 / 10 / 17
   Name of Source
   Name 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 Number of Ticket(e)/Passes Describe the public purpose made pursuant to the agency's policy
  
   B. Name of Individual (Last, First) Number of Ticket(e)/Passes Identify one of the following:

   Ceremonial Role ☐ Other ☑ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

   East Bay Innovations
   2450 Washington Ave., San Leandro, CA
   18 To promote attendance at a County sponsored event or event held at a County facility

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
   Nathan Miley
   Print Name
   Supervisor
   Title
   10/23/17
   (month, day, year)

Comment: 
1. **Agency Name**
   - Alameda County

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

   **Designated Agency Contact (Name, Title)**
   - Nathan Miley, Alameda County Supervisor

   **Area Code/Phone Number**
   - (510) 272-6694

   **E-mail**
   - bosdist4@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description:** A’s Baseball Game
     - **Face Value of Each Ticket/Pass:** $80
     - **Date(s):** 9/23/17
     - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑

     **If no:**
     - **Name of Source:** Oakland A’s
     - **Official Name (Last, First):** Miley, Nathan

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

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<tr>
<th>B. Name of Individual (Last, First)</th>
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<th>Identify one of the following:</th>
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<tbody>
<tr>
<td>Sanftner, Paul</td>
<td>4</td>
<td></td>
</tr>
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</table>

     **If checking “Ceremonial Role” or “Other” describe below:**
     - **To reward a county employee for his or her exemplary service to the public:**
     - **Ceremonial Role** ☑ Other ☐ Income ☐

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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:** Nathan Miley
   - **Print Name:** Supervisor
   - **Title:**
   - **Date:** 10/23/17

   **Comment:**
Agency Name: Alameda County
Division, Department, or Region: Board of Supervisors
Designated Agency Contact: Nathan Miley, Alameda County Supervisor
Area Code/Phone Number: (510) 272-6694
E-mail: bcstdist4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: A's Baseball Game
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
Face Value of Each Ticket/Pass: $80
Date(s): 9/25/17
Name of Source: Oakland A's
Name of Official (Last, First): Miley, Nathan

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

A.

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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: Nathan Miley
Print Name: Nathan Miley
Title: Supervisor
Date: 10/23/17

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

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

Area Code/Phone Number  
(510) 272-6694  
E-mail  
bosdist4@acgov.org

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☒ No ☐  
Face Value of Each Ticket/Pass $ 80

Event Description: A's Baseball Game  
Date(s) 9 / 26 / 17

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑  
If no: Oakland A's

Was ticket distribution made at the behest of agency official? Yes ☐ No ☑  
If yes: Nathan Miley

3. Recipients  
* Use Section A to identify the agency’s department or unit.  
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland and Alameda County - 7200 Bancroft, Oakland, CA</td>
<td>2</td>
<td>To promote attendance at a County sponsored event or event held at a County facility to maximize attendance</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Nathan Miley  
Print Name: Supervisor  
Title:  
(month, day, year) 10/23/17

Comment:  

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nathan Miley, Alameda County Supervisor
   Area Code/Phone Number (610) 272-6694
   E-mail bosdist4@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $150
   Event Description: Ruff Ryders
   Event(s) Date(s) 9/27/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oracle Arena
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
   If yes: Nathan Miley, Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pete, Geoffrey</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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 name or official

   Comment: ________________________________

   Nathan Miley, Supervisor 10/23/17

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

1. Agency Name
Alameda County

Division, Department, or Region (if applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Nathan Miley, Alameda County Supervisor

Area Code/Phone Number E-mail
(510) 272-6694 bosdist4@acgov.org

Date Stamp

California Form 802
For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: (month, day, year)

2. Function or Event Information

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

Event Description: A's Baseball Game

Face Value of Each Ticket/Pass $ 80

Date(s) 9/27/17

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

If no: Oakland A's

Name of Source:

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

If yes: Nathan Miley

Official's Name (Last, First)

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

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

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

Ceremonial Role ☐ Other ☐ Income ☐

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

Ceremonial Role ☐ Other ☐ Income ☐

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

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

United Seniors of Oakland and Alameda County - 7200 Bancroft, Oakland, CA 2 To promote attendance at a County sponsored event or event held at a County facility to maximize attendance

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

Signature of Agency Head or Designee

Print Name

Supervisor

Title

Date (month, day, year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description A's Baseball
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 90
   Date(s) 09 / 25 / 26 20 / 17
   Name of Source
   If no: Oakland Athletics
   If yes: Carson, Keith - Supervisor District 5

3. Recipients
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      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
      Attitudinal Healing 3278 West St
      Empower individual to be self-aware
      4
      To provide opportunities to those who are receiving services from
      County agencies consistent with the agency's goals for the partic

4. Verification
   I, Briana Brown, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Supervisor's Assistant
   Title
   9/30/17 (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Scorpions & Megadeth
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 150
   Date(s) 10 / 4 / 17
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)

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

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

   C. (Name of Outside Organization)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;

4. Verification
   I have read and understood FPPC Regulations 18940.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee Briana Brown
   Supervisor's Assistant
   Title
   Print Name

Comment:

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

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

1. **Agency Name**
   - Alameda County

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

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

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

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

   **Date Stamp**

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

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

   **Date of Original Filing:**

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

   **Face Value of Each Ticket/Pass $**
   - 90

   **Event Description**
   - A's Baseball

   **Date(s)**
   - 09 / 22 / 17

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

   **Name of Source**
   - Oakland Athletics

   **If yes:**
   - Carson, Keith - Supervisor District 5

   **Official’s Name (Last, First)**

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

   **A. Name of Agency, Department or Unit**
   - [None listed]

   **Number of Ticket(s)/Pass(es)**
   - [None listed]

   **Describe the public purpose made pursuant to the agency’s policy**
   - [None listed]

   **B. Name of Individual**
   - [None listed]

   **Number of Ticket(s)/Pass(es)**
   - [None listed]

   **Identify one of the following:**
   - Ceremonial Role [ ] Other [x]

   **If checking “Ceremonial Role” or “Other” describe below:**
   - [None listed]

   **Ceremonial Role [ ] Other [ ]**

   **Income [ ]**

   **Describe the public purpose made pursuant to the agency’s policy**
   - [None listed]

   **Number of Ticket(s)/Pass(es)**
   - 2

   **Describe the public purpose made pursuant to the agency’s policy**
   - To provide opportunities to those who are receiving services from County agencies consistent with the agency’s goals for the partic

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

   **Signature of Agency Head or Designee**
   - Briana Brown

   **Supervisor’s Assistant**
   - 9/30/17

   (Month, Day, Year)

   **Comment:**

---

FPPC Form 802 (4/12)

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Event Description** The Weekend
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
   - **Face Value of Each Ticket/Pass $** 250
   - **Date(s) 10/8/17**
   - **If no:** Golden State Warriors
     - **Name of Source:**
   - **If yes:** Carson, Keith - Supervisor District 5
     - **Official's Name (Last, First):**

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

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

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

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Signature of Agency Head or Designee:** [Signature]
   - **Print Name:** Briana Brown
   - **Supervisor's Assistant:** [Name]
   - **Title:**
   - **Date:** 10/30/17

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

1. Agency Name
   Alameda County

   Division, Department, or Region (If Applicable)

   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown

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

   Date Stamp

   California
   For Official Use Only

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [x] No [ ]
   Face Value of Each Ticket/Pass $ 60
   Event Description DOI
   Provide Title/Explanation
   Date(s) 10/19/20 22/23/2017
   Ticket(s)/Pass(es) provided by agency?  Yes [ ] No [x]
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)

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

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

      B. Name of Person
         (Last, First)
         Number of Ticket(s)/Pass(es)
         Identify one of the following:
         Ceremonial Role [ ] Other [x]
         Income [ ]
         If checking "Ceremonial Role" or "Other" describe below:
         To promote attendance at a County sponsored
         event or event held at a County facility in order
         to maximize potential County revenue from
         parking and concession sales;

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

4. Verification
   I have reviewed and understood Title 18.44.1 and 18.44.2. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Briana Brown
   Print Name
   Supervisor's Assistant
   Title

   Comment:

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

Agency Name
Alameda County

3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cecilia Maravilla</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;</td>
</tr>
<tr>
<td>Rachel Kinnon</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

1. Agency Name
   Alameda County

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

2. Function or Event Information
   Does the agency have a ticket policy?
   Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 200
   Event Description Arcade Fire
   Date(s) 10/21/17
   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Briana Brown Supervisor's Assistant 10/30/17
   Print Name Title (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Family Bridges Sam Hui Benefit Concert
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $ 60
Date(s) 10 / 14 / 17
If no: Golden State Warriors
Name of Source
If yes: Carson, Keith - Supervisor District 5
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter Zheng &amp; Melody Sun</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

4. Verification
Signature of Agency Head or Designee Briana Brown
Supervisor’s Assistant Title
10/30/17 (Month, Day, Year)

Comment: 

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

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

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description Depeche Mode
   Face Value of Each Ticket/Pass $ 250
   Date(s) 10/10/17
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official’s Name (Last, First)

3. **Recipients**
   Use Section A to identify the agency’s department or unit.
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.
   A. **Name of Agency, Department or Unit**
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
   
   B. **Name of Individual**
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [x]
      Income [ ]
      Jonas Edgeworth
      4
      To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;
      Income [ ]

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

4. **Verification**
   I have read and understood California Government Code Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Briana Brown
   Supervisor’s Assistant
   Date Stamp 10/13/17
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Enrique Iglesias & Pitbull
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $150
   Date(s) 10/28/17
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Youth Supervisor D5
   Official's Name (Last, First)

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

   A. Managed Agency Department or Unit
      Number of Ticket(s)/Pass(es) 4
      Describe the public purpose made pursuant to the agency's policy
      To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

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

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Raiders
   Face Value of Each Ticket/Pass $ 305.55
   Date(s) 10/15/17 10/19/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Raiders
   Name of Source
   If yes: Carson, Keith - Supervisor D5
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Name of Source

3. Recipients
   • Use Section A to identify the agency's department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      D5
      4
      To reward a County employee for his or her exemplary service to the public or to encourage staff development
      D5
      4
      To reward County employee...

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Ceremonial Role ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Briana Brown Constituent Service Associate 10/30/17
   (Month, Day, Year)
   Comment: + 2 pp
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Briana Brown

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

Date Stamp
California Form 802
For Official Use Only

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ _______________ 90
Date(s) 09 / 4 / 17

Event Description A's Baseball
Provide Title/Explanation

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

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

3. Recipients

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

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

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

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

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

Signature of Agency Head or Designee Briana Brown  
Print Name Date 9/30/17 (Month, Day, Year)

Supervisor's Assistant

Comment: ________________________________

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

A Public Document

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑  No ☐
   Event Description  A’s Baseball
   Face Value of Each Ticket/Pass $ 90
   Date(s)  09 / 24 / 17
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official’s Name (Last, First)

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Signature of Agency Head or Designee
   Supervisor’s Assistant
   Print Name
   Title
   9 / 24 / 17
   (Month, Day, Year)

Comment: __________________________

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Gabriela Christy
   (510) 272-6692

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: The Weekend
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 250
   Date(s) 10/08/17
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Valle, Richard- Supervisor District 2
   If no: Golden State Warriors

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   
   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   
     Higares, Alexander  | 4 |
     -- To reward a community volunteer for his service to the public

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

4. Verification
   I have 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: Gabriela Christy
   Print Name:
   Supervisor's Assistant:
   Title: (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 200
   Event Description Arcade Fire
   Date(s) 10 / 17 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>McEvoy, Gilbert</td>
<td>4</td>
<td>To reward a community volunteer for his service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking 'Ceremonial Role' or 'Other' describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To reward a community volunteer for his service to the public</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have 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 of Designee: Gabriela Christy
   Print Name: Supervisor's Assistant: Title: 11/17/17 (Month, Day, Year)

   Comment: 

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Gabriela Christy
   (510) 272-6692
   Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Disney on Ice: Dream Big
   Date(s): 10 / 19 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $60
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard - Supervisor District 2
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Herrera, Estella 2
   Herrera, Peral 2

   C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Alameda County Democratic Central Committee
   ACDP coordinates the party’s activities throughout the county, making endorsements, organizing events and directing resources to support local, state and national candidates.
   Alameda County Democratic Central Committee

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

Comment:

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

### 1. Agency Name
- **Alameda County**

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

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

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

### 2. Function or Event Information

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

- **Event Description:** Enrique Iglesias and Pitbull

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

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

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

- **Date(s):** 10 / 28 / 17

- **If no:** Golden State Warriors

- **Name of Source:**

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

- **Official’s Name (Last, First):**

### 3. Recipients

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonzales, Yesina</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To reward a community volunteer for her service to the public</td>
</tr>
<tr>
<td>Ortega, Rosa</td>
<td></td>
<td>Ceremonial Role ☒ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To reward a community volunteer for her service to the public</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

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

### 4. Verification

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

**Signature of Agency Head or Designee:**

**Print Name:**

**Title:**

**Date:** 11/7/17

**Comment:**

---

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $305.55
Event Description GS Warriors vs. Sacramento Kings
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Date(s) 10/13/17
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Offical's Name (Last, First)

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

A. Name of Agency, Department or Unit

B. Name of Individual
(Last, First)
Claudillo, Anthony
Claudillo, Sammy

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

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

Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐
- To reward a community volunteer for his service to the public
Ceremonial Role ☐ Other ☐ Income ☐
- To reward a community volunteer for her service to the public

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.

Gabriela Christy
Print Name
Supervisor's Assistant
Title

Comment:

Signature or agency name or designation

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Event Description**
     - GS Warriors vs. Toronto Raptors
   - **Face Value of Each Ticket/Pass** $305.55
   - **Date(s)** 10 / 25 / 17

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

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

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

4. **Verification**
   - I, Gabriela Christy, hereby attest to the information as a verification of the accuracy of this report.
   - Signature of Agency Head or Designee
   - Supervisor’s Assistant
   - Date: 11/3/17

---

**Comment:**

---

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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## Agency Name
Alameda County

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

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

**Area Code/Phone Number**  (510) 272-6692

**E-mail** Gabriela.Christy@acgov.org

**Date Stamp**

**California Form 802**

**For Official Use Only**

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### 2. Function or Event Information

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

**Event Description** GS Warriors vs. Washington Wizards

**Face Value of Each Ticket/Pass** $305.55

**Date(s)** 10/27/17

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

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

---

### 3. Recipients

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rodriguez, Jessica</td>
<td>4/1</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

- To reward a community volunteer for her service to the public

#### C. Name of Outside Organization

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

---

### 4. Verification

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

**Signature of Agency Head or Designee**

**Print Name** Gabriela Christy

**Title** Supervisor's Assistant

**Date Stamp** 11/7/17

**Comment:**

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: GS Warriors vs. Detroit Pistons
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $305.55
   Date(s): 10/29/17
   Name of Source: Golden State Warriors

3. Recipients
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      
   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      - To reward a community volunteer for her service to the public
      Nesseth, Patra 2
      Steele, Gail 2
      
   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      
4. Verification
   I have 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: Gabriola Christy
   Supervisor’s Assistant: supervisor’s signature
   Date: 11/7/17
   Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Oak Raiders vs. Baltimore Ravens
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $ 305.55/35
   Date(s) 10 / 08 / 17
   If no: Oakland Athletics
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

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

4. Verification
   I have read and understood FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name
   Supervisor's Assistant
   Title
   (Month, Day, Year)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Gabriela Christy

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

2. Function or Event Information

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

Event Description Oak Raiders vs. Kansas City Chiefs

Provide Title/Explanation

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

If no: Oakland Athletics

Name of Source

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

If yes: Valle, Richard- Supervisor District 2

Official's Name (Last, First)

Face Value of Each Ticket/Pass $ 305.55/35

Date(s) 10 / 19 / 17

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

3. Recipients

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

A. Name of Agency, Department or Unit

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

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archelta, Raquel</td>
<td>2/1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

Ceremonial Role ☐ Other ☐ Income ☐

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

- To reward a community volunteer for her service to the public

Ceremonial Role ☐ Other ☐ Income ☐

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

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: Gabriela Christy
Print Name: Gabriela.Christy@acgov.org

Supervisor’s Assistant: Gabriela Christy
Title: (Month, Day, Year)

Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Oak Raiders vs. Los Angeles Chargers
   Face Value of Each Ticket/Pass $ 305.55/35
   Date(s) 10/15/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

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

   C. Name of Outside Organization
   (include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy
   Our Lady of the Rosary Catholic Church
   703 C Street, Union City, Ca 94587
   – To reward a nonprofit organization for its contributions to the community
   OLR festival

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
   Gabriela Christy
   Print Name
   Supervisor’s Assistant
   Title
   Date (Month, Day, Year)

Comment: ____________________________

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description
Family Bridges Benefit Concert
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $ $60
Date(s) 10/14/17
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

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

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

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

Signature of Agency Head or Designee
Sarah Oddie
Print Name
Supervisor's Assistant
Title
10.31.2017
(Month, Day, Year)

Comment: 

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