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 $150.00
Event Description: Trans Siberian Orchestra - Concert
Date(s) 11/30/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: GSW Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
If yes: Haggerty, Scott Official’s Name (Last, First)

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

<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>District 1</td>
<td>4</td>
<td>To reward a county employee for his or her exemplary service to the county</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<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>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</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>
</table>

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

Signature of Agency Head or Designee
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)**
   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 $** 305.55
   - **Event Description:**
   - **Date(s)**
     - 11/26/17
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☒ No ☐
   - **Name of Source**
   - **If no:** RAIDERS
   - **Was ticket distribution made at the behest of agency official?** Yes ☒ No ☐
   - **Name of Official**
   - **If yes:** Haggerty, Scott

3. **Recipients**
   - *Use Section A to identify the agency’s department 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**
     - Adam Fresquez
     - Wanda Thompson
   - **Number of Ticket(s)/Passes**
     - 4/1
   - **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

   **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**
   - **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**
   - **Title**
   - 11/27/17

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 300.00
Event Description: Guns ’n Roses
Date(s) 11 / 21 / 17
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>Greg and Ursula Heffron</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Scotty and Alissa Hackforth</td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>concession and parking sales</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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 those regulations.

Lee Ann Fergerson  Ticket Administrator  11/21/17
Print Name  Title  (month, day, year)

Signature of Agency Head or Designee

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 ☐
   Face Value of Each Ticket/Pass $ 600.00
   Event Description: Bruno Mars
   Date(s) 11/03/17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: GSW
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Haggerty, Scott

3. Recipients
   * Use Section A to identify the agency's department 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 promote attendance at a county sponsored event in order to maximize potential county revenue for concessions and parking sales

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

   Signature of Agency Head or Designee
   LeeAnn Fergerson
   Print Name
   Ticket Administrator
   Title
   11/21/17
   (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)
Lee Ann Fergerson, Ticket Administrator
Area Code/Phone Number 510-272-6691
E-mail leean.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 304.80
Event Description: Warriors vs. Bulls Basketball
Date(s) 11 / 24 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If yes: GSW
If no: Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Haggerty, Scott
Official's Name (Last, First)

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

<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>
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<tbody>
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<td></td>
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</tr>
<tr>
<td></td>
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</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>Herbert, Paul</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance a county sponsored event in order to maximize potential county revenue for concession and parking sales.</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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I, [Signature], hereby certify that 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 Ticket Administrator 11/20/17
Print Name Title (month, day, year)

Comment:
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: 510-272-661
E-mail: leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Warriors Basketball vs. Jazz
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: $304.80
Date(s): 03 / 25 / 18
If no: GSW
Name of Source: 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>
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</thead>
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<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>Hoppin, Tim</td>
<td>4/1</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</td>
</tr>
</tbody>
</table>

<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>
</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

Lee Ann Fergerson
Ticket Administrator

Comment:

Signature of Agency Head or Designee
Print Name
Title

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

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 Basketball
   Date(s) 12/11/17
   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>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>
</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></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>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>Alameda County Democratic Party</td>
<td>4/1</td>
<td>To reward a school or non-profit organization for it's contributions to the community</td>
</tr>
</tbody>
</table>

   Address: 1122 B St, Hayward, CA 94541

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
   Ticket Administrator
   11/15/17

   Comment: 47th Annual Unity Dinner- Fundraiser

FPPC Form 802 (2/2015)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Oakland/Alameda County Coliseum Authority
Division, Department, or Region (if applicable)
Scott Haggerty, OACCA Commissioner
Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Ticket Administrator
Area Code/Phone Number 510-272-6691
E-mail leean.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 304.80
Event Description: Warriors vs Hawks
Date(s) 11 / 13 / 17
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.</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>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/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>To reward a community volunteer for his or her service to the public</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 verified that the distribution set forth above, is in accordance with regulations 18944.1 and 18942.

Signatures of Agency Head or Designee
Lee Ann Fergerson, Ticket Administrator
Print Name
Title

(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 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 Hawks

Date(s) 3 / 23 / 18

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

If no: GSW

Name of Source

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

If yes: 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>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following: Ceremonial Role ☐ Other ☐ Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
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<tr>
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<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>Ohlone College, Fremont 43600 Mission Bl., Fremont, CA 94539</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Ohlone College 50th Anniversary Hilltop Gala <a href="http://www.ohlone.edu">www.ohlone.edu</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**

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

Signature of Agency Head or Designee ☑

Lee Ann Fergerson

Ticket Administrator

Print Name

Title

Date (month, day, year) 11/13/17

Comment: raffle tickets to help raise funds for equipment in the upcoming Academic Core Buildings
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 leean.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Warriors basketball
Face Value of Each Ticket/Pass $304.80
Date(s) 11/8/17
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: GSW
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Haggerty, Scott
Official’s Name (Last, First)

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

<table>
<thead>
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<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>Illingsworth, Tom</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>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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<tbody>
<tr>
<td></td>
<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

Signature of Agency Head or Designee
Lee Ann Fergerson
Ticket Administrator
11/09/17
(month, day, year)

Comment:
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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ 
Event Description: Warriors Basketball
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: $304.80
Date(s): 4/1/18
If no: GSW
Name of Source: 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.

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
BAWAR- Bay Area Women Against Rape 470 27th Street, Oakland, CA 94612 | 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.

Signature of Agency Head or Designee: Lee Ann Fergerson
Print Name
Supervisor's Assistant: scott.haggerty@acgov.org
Title
Date (month, day, year): 11-6-17

Comment: tickets to be used as an auction item, intended to raise funds for the benefit of Latino survivors of sexual abuse.
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 leean, fergusson@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 / Kings
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Date(s) 11-27-17
   If no: GSW 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>
</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>
</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>
</table>
   Sunflower Hill Moonlight in the Vines 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
   Signature of Agency Head or Designee Lee Ann Fergerson Supervisor's Assistant
   Print Name Supervisor's Title
   Date (month, day, year) 11-6-17

Comment:
   New date: 12/20/17 Memphis Grizzlies

FPPC Form 802 (2/2015)
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)**
   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** Basketball Game

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

   **Date(s)** 11/6/17 11/8/17

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

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

3. **Recipients**
   **A. Name of Agency, Department or Unit**
   Bos D5
   Bos D5

   **Number of Ticket(s)/Pass(es)**
   4

   **Describe the public purpose made pursuant to the agency's policy**
   To reward a County employee for his or her exemplary service to the public or to encourage staff development;

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

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

   **Identify one of the following:**
   Ceremonial Role ☐ Other ☐

   **Income ☐**

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

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

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

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

4. **Verification**

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

   **Supervisor's Assistant**

   **Print Name**

   **Title**

   **Date Stamp**

   **Comment:**

   **Date (Month, Day, Year)** 11/30/17
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) 272-6892
   E-mail Gabriela.Christy@acgov.org
   Date Stamp
   □ Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: ____________________
   (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ __________
   Event Description GS Warriors vs. Miami Heat
   Provide Title/Explanation
   Date(s) 11/06/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: GS Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      – To reward a community volunteer for her service to the public
      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
   s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Gabriela Christy
   Supervisor’s Assistant
   First Name
   Title
   (Month, Day, Year)

Comment: ________________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $304.80/$30
   Event Description GS Warriors vs. Chicago Bulls
   Provide Title/Explanation
   Date(s) 11/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: GS Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

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

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

   **SAVE**
   1900 Mowry Ave #201, Fremont, CA 945
   Number of Ticket(s)/Pass(es) 4
   Describe the public purpose made pursuant to the agency’s policy
   To reward a nonprofit organization for its contributions to the community
   Knowledge and support needed to break the cycle of domestic violence and build healthier lives

4. Verification
   I, [Signature of Agency Head or Designee]
   Gabriela Christy
   Supervisor’s Assistant
   [Print Name]
   [Title]
   [Date]

Comment:
1. Agency Name
   Alameda County

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Face Value of Each Ticket/Pass $304.80
   Event Description GS Warriors vs. Minnesota Timberwolves
   Date(s) 11/08/17
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
   If no: GS Warriors
   Was ticket distribution made at the behest of agency official? Yes ☑ No □
   If yes: Valle, Richard- Supervisor District 2

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 (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☑ Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐

   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
   League Of Volunteers 8440 Central Ave, Newark, CA 94560
   2/1 – To reward a non-profit organization for its contributions to the community
   to promote volunteerism and to enhance the quality of life in the cities of Fremont,
   Union City and Newark, California and to meet the needs of youth, senior citizens and those in need.

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

   Print Name
   Title

   Comment:

   Gabriela Christy

   Date of Original Filing: __________/________/________

   Amendment (Must provide explanation in Part 3.)

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)

Board of Supervisors
Designated Agency Contact (Name, Title)

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

Date Stamp California Form 802
For Official Use Only
□ Amendment (Must provide explanation in Part 3.)
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No □
Face Value of Each Ticket/Pass $ 304.80
Event Description GS Warriors vs. Minnesota Timberwolves
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
If no: GS Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

Date(s) 11/08/17

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

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

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

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

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

Serra Center 2610 Central Avenue, Suite 120 Union City, CA 94587
2 Q – To reward a nonprofit organization for its contributions to the community

Provide dignity, respect and choice for persons with developmental disabilities

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

Gabriela Christy Supervisor’s Assistant
Print Name Title

Comment:

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Gabriela Christy
Area Code/Phone Number (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 $ 304.80/$30
Event Description GS Warriors vs. Orlando Magic
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 11/13/17
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)
If no: GS Warriors
Name of Source

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (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>Scholarship Inc. 22100 Princeton St. Hayward, Ca</td>
<td>4/1</td>
<td>- To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Scholarships Inc. is a public charity in Hayward, California. In 1984, it received its exempt organization status from the IRS and now brings in $462,420 in annual income.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency 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: GS Warriors vs. Sacramento Kings
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 $: 304.80/$30
Date(s): 11 / 27 / 17
If no: GS Warriors
Name of Source: Valle, Richard- Supervisor District 2
Official's Name (Last, First):

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hayward Arts Council 22394 Foothill Blvd, Hayward, CA 94541</td>
<td>4</td>
<td>- To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>forms of art in the entire Hayward California region – part of the San Francisco Greater Bay Area.</td>
</tr>
</tbody>
</table>

4. Verification
I, [Signature of Agency Head or Designee], have reviewed [PPCC Code Sections 18944.1 and 18942.1], and 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: 12/05/17

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)**
Gabriela Christy

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

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

**Date Stamp**

**A Public Document**

---

**2. Function or Event Information**

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

**Event Description**
Oakland Raiders vs. Denver Broncos

**Provide Title/Explanation**

**Face Value of Each Ticket/Pass** $305.55/35

**Date(s)**
11 / 26 / 17

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

**If no:**
Oakland Athletics

**Name of Source**

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

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

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

---

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

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

<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 (Last, First)**

<table>
<thead>
<tr>
<th>Lindsey, Tommie</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>- To reward a community volunteer for his service to the public</td>
</tr>
</tbody>
</table>

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

<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>

---

**4. Verification**

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

Signature of Agency Head or Designee: [Signature]

Print Name: Gabriela Christy

Title: Supervisor's Assistant

Date: 12/05/17
(Month, Day, Year)

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 Bruno Mars
   Face Value of Each Ticket/Pass $ 600
   Date(s) 11 / 3 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: GS Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   _____________________________________________________________
   _____________________________________________________________
   Austria, Mangee
   4
   Ceremonial Role ☐ Other ☒ Income ☐
   if checking “Ceremonial Role” or “Other” describe below:
   - To reward a community volunteer for her service to the public
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

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

4. Verification
   I hereby certify under Penal Code Sections 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
   ____________________________
   (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

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

Date Stamp

2. Function or Event Information

   Does the agency have a ticket policy? Yes ☑ No □
   Face Value of Each Ticket/Pass $ ___________ 150
   Event Description: Halsey
   Date(s): 11 / 7 / 17
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
   If no: GS Warriors
   If yes: Valle, Richard- Supervisor District 2
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No □
   Official’s Name (Last, First)

3. Recipients

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

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

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

      Cruz, Brian
      2

      Nguyen, Long
      2

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

4. Verification

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

   Gabriela Christy
   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

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) 272-8692
E-mail Gabriela.Christy@acgov.org

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Ana Gabriel
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 $ 100
Date(s) 11/10/17

If no: GS 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

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

B. Name of Individual

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

C. Name of Outside Organization

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

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

4. Verification

I 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.

Signed: Gabriela Christy
Print Name
Supervisor’s Assistant
Title
Date 12/05/17
(Month, Day, Year)

Comment: ____________________________

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

### 1. Agency Name
- Alameda County
- Division, Department, or Region (If Applicable)
- Board of Supervisors
- Designated Agency Contact (Name, Title)
  - Gabriela Christy
- Area Code/Phone Number (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: Fall Out Boy
- Face Value of Each Ticket/Pass $150
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- Date(s) 11 / 14 / 17
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
- If no: GS 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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rodger, Samantha</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 his 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>
<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 or Designee
- Gabriela Christy
- Supervisor's Assistant
  - Print Name
  - Title
  - 12/05/17

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)
   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 $100
   Event Description Intel Extreme Masters
   Provide Title/Explanation
   Date(s) 11/18/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: GS Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☑ Income ☐
      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
      Fremont Family Resource Center 39155 Liberty St, Fremont, CA 94538
      – To reward a nonprofit organization for its contributions to the community
      The Fremont FRC is a welcoming place where families and individuals are nurtur
      encouraged, and provided quality services to build on their own strengths to help themselves and others.

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 designate: __________________________
   Gabriela Christy
   Supervisor's Assistant: __________________________
   (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 Guns N Roses
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 $ 300
Date(s) 11/21/17
If no: GS 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.

<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>Mccarthy Regina</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understand FPPC Regulations 18944.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee /Gabriela Christy /
Print Name
Supervisor’s Assistant
Date 12/05/17 (Month, Day, Year)

Comment: 

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

1. Agency Name
   Alameda County

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Gabriela Christy

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $150
   Event Description Trans-Siberian Orchestra
   Provide Title/Explanation
   Date(s) 11/30/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   If no: GS Warriors
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      - To reward a community volunteer for his 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 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
   Gabriela Christy
   Print Name
   Supervisor's Assistant
   Title
   Date of Filing (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 $305.55 ticket/35 park
Event Description: Football game
Date(s): 11 / 26 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Raiders
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Chan, 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
(First, Last)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐

Clemons, Estelle
3+1 park
To reward a community volunteer for his or her service to the public

Ceremonial Role ☐ Other ☐ Income ☐
3+1 park
If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification

Signature of Agency Head or Designee
Sarah Oddie
Print Name
Supervisor's Assistant
Title
Date: 12.01.2017
(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 E-mail
(510) 272-6693 sarah.oddie@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Bruno Mars
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 $600
Date(s) 11 / 03 / 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:

Prince, Garrett 4 Ceremonial Role ☐ Other ☐ Income ☐
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
Print Name
Supervisor's Assistant
Title
(12.01.2017)
(Month, Day, Year)
Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number: (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: Halsey
   Date(s): 11/07/17
   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: $150
   If no: Golden State Warriors
   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:

   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
      Barbara Lee Center for Health & Wellness, 2251 Bancroft Av, San Leandro 4
      To reward a school or nonprofit organization for its contributions to the community
      Youth organization in SL providing acad., health, counseling, rec activities

4. Verification
   I hereby certify that the above information is true and correct to the best of my knowledge. Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie ☑ Supervisor's Assistant ☐
   Signature of Agency Head or Designee
   Title
   Date: 12.01.2017

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number (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 Intel Extreme Masters
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ $100
   Date(s) 11 / 18 / 17
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   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>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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Individual</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Identify one of the following:</td>
</tr>
<tr>
<td>(Last, First)</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>
<tr>
<td>C.</td>
<td></td>
<td>Describe the public purpose made pursuant to the agency’s policy</td>
</tr>
<tr>
<td>Name of Outside Organization</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td></td>
</tr>
<tr>
<td>(include address and description)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alameda High School, 2201 Encinal Ave., Alameda, CA 94501</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Public high school in Alameda</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Sarah Oddie
   Supervisor’s Assistant: Print Name
   Title: (Month, Day, Year)
   12.01.2017

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

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

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

Date Stamp
California Form 802
For Official Use Only

□ Amendment (Must provide explanation in Part 3.)

□ 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 $ $300
Event Description Guns N' Roses
Provide Title/Explanation
Date(s) 11/21/17
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)
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

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

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

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

Alameda County Community Food Bank, 7900 Edgewater Dr, Oakland, CA 94621 4 To reward a school or nonprofit organization for its contributions to the community
Food bank providing food and meals to low-income residents in Alameda County

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

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

Comment:

FPCC Form 802 (4/12)
FPCC 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 $150
Event Description Trans-Siberian Orchestra
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 11 / 30 / 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.

<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>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arden, Lori</td>
<td>2</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></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>SOS-Meals on Wheels, 2235 Polvorosa Ave #260, San Leandro, CA 94577</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

* Signature of Agency Head or Designee
Sarah Oddie
Print Name
Supervisor's Assistant
Title
Date 12.01.2017
(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/$30 park
   Date(s) 11 / 06 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Golden State Warriors
   Official’s Name (Last, First)
   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.

<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>Irmier, David</td>
<td>2+p</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 promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2+p</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>

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<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>
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</tr>
</tbody>
</table>

4. Verification

I n: 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: 
Title: Supervisor’s Assistant
Date: 12.01.2017 (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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Basketball Game
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $ 304.80 ticket
Date(s) 11/06/17
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.

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<th>A. Name of Agency, Department or Unit</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ong, Jennifer</td>
</tr>
<tr>
<td>Number of Ticket(s)/Pass(es)</td>
</tr>
<tr>
<td>Identify one of the following:</td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>
To reward a community volunteer for his or her service to the public
| Number of Ticket(s)/Pass(es) | 2 |
| Identify one of the following: |
| Ceremonial Role ☐ Other ☐ Income ☐ |
| If checking "Ceremonial Role" or "Other" describe below: |

<table>
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<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
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</tr>
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4. Verification
I, ____________________, ____________________, have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: ____________________
Print Name: ____________________
Title: ____________________
Date: 12.01.2017
(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)
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   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
   Event Description Basketball Game
   Date(s) 11 / 08 / 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? 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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<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>Camacho, Josie</td>
<td>2</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>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 reviewed and submitted this report in accordance with Sections 18941 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 Sarah Oddie
   Supervisor's Assistant ____________________________
   Title ____________________________
   Date of Filing 12.01.2017

   Comment: ____________________________

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

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

1. **Agency Name**
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number: (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/$30 parking
   Date(s): 11/08/17
   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**

   **B. Name of Individual**

   **C. Name of Outside Organization**
   Asian Health Services, 818 Webster St, Oakland, CA 94607
   Number of Ticket(s)/Pass(es): 2+p
   To reward a school or nonprofit organization for its contributions to the community
   Serve/advocate for the API community by ensuring access to healthcare

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: 12.01.2017
## 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
- **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:** $304.80 ticket/$30 parking
- **Date(s):** 11/13/17
- **If no:** Golden State Warriors
- **If yes:** Chan, Wilma

### 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**

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

- **To reward a community volunteer for his or her service to the public**
- **Number:** 2

<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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### 4. Verification
- Notes: 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
- **Date:** 12.01.2017
- **Supervisor’s assistant:**
- **Title:**

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

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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 parking
Event Description Basketball Game
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 11/24/17
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
If yes: Chan, Wilma
If no: Golden State Warriors
Name of Source
Official’s Name (Last, First)

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

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

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

Friedman, Mark 2 Ceremonial Role ☐ Other ☐ Income ☑
If checking “Ceremonial Role” or “Other” describe below:
To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

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
Date Name Title
12.01.2017 (Month, Day, Year)

Comment:
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Ceremonial Role Events and Ticket/Pass Distributions

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Event Description Basketball Game
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $304.80 ticket/$30 parking
Date(s) 11/24/17
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

3. Recipients
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<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>Rupp, Candy</td>
<td>2+p</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>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
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Sarah Oddie
Supervisor's Assistant
12.01.2017

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Sarah Oddie
Area Code/Phone Number (510) 272-6693
E-mail sarah.oddie@acgov.org
Date Stamp
A Public Document
California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Basketball Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $304.80 ticket/$30 park
Date(s) 11/27/17 / / /
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.
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<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<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>Wong, Benny</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<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.

Sarah Oddie
Print Name
Supervisor’s Assistant
Title
12.01.2017
(Month, Day, Year)
FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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Designated Agency Contact (Name, Title)
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E-mail sarah.oddie@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Basketball Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $304.80 ticket/$30 park
Date(s) 11/27/17
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.
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<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td>Hirota, Sherry</td>
<td>2+p</td>
<td>○ Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other ○ Income ☐</td>
</tr>
<tr>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2+p</td>
<td>○ Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other ○ Income ☐</td>
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4. Verification
I hav 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 12.01.2017 (Month, Day, Year)

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

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2. Function or Event Information
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   Event Description Basketball Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $304.80 ticket/$30 park
   Date(s) 11 / 11 / 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:

   Wright, Erin Landon, Joe Anderson, Carl 2+p
   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

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

   Signature of Agency Head or Designee Sarah Oddie
   Print Name
   Supervisor's Assistant
   Title
   Date (Month, Day, Year) 12.01.2017

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

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Face Value of Each Ticket/Pass $304.80 ticket/$30 park
Date(s) 11/11/17
If no: Golden State Warriors
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) Ceremonial Role ☐ Other ☐ Income ☐ Identify one of the following:

Hadnot, Julie Bass, Hilary Lam, Marianne
2
To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

Chang, Emily
2
To rewarding 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, Alameda County, under authority of theicy 16944.1 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
(Month, Day, Year) 12.01.2017
Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number  (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/$30 park
   Date(s)  11/11/17
   Ticket(s)/Pass(es) provided by agency?  Yes ☑  No ☐
   If no:  Golden State Warriors
   If yes:  Chan, Wilma
   Name of Source
   Official's Name (Last, First)

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

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

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

   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 certify that regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.

   Signature  Sarah Oddie  Supervisor's Assistant
   Position  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 □
Face Value of Each Ticket/Pass $304.80 ticket/$30 park
Event Description Basketball Game
Provide Title/Explanation
Date(s) 11 / 11 / 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>
<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>Wang, Chris</td>
<td>3+p</td>
<td>Ceremonial Role ☑ Other □ income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other □ income ☑</td>
</tr>
<tr>
<td></td>
<td>3+p</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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</tbody>
</table>

4. Verification
I have verified that the distribution set forth above, is in accordance with the requirements.
Sarah Oddie ☑ Supervisor's Assistant ☑
Print Name Supervisor's Title
12.01.2017 (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, District 4

   **Designated Agency Contact (Name, Title)**
   Nathan A. Miley

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

   **E-mail**
   district4@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description:** Bruno Mars Concert
   - **Face Value of Each Ticket/Pass:** $600
   - **Date(s):** 11 / 3 / 17
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - If no: Oakland Coliseum Authority
   - **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>Name of Agency, Department or Unit</th>
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</tbody>
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<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>Miley, Nathan</td>
<td>1</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 revenue</td>
</tr>
</tbody>
</table>

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<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>Alexander, Toni</td>
<td>1</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 revenue</td>
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<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>Meals on Wheels of Alameda County P.O. Box 14002, Oakland, CA 94614</td>
<td>2</td>
<td>To promote attendance at a County sponsored event or event held at a County facility to maximize revenue</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 A Miley
   - **Print Name:**
   - **Title:** Supervisor
   - **Date:** 12/13/17
   - **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
Division, Department, or Region (If applicable)
Board of Supervisors, District 4
Designated Agency Contact (Name, Title)
Nathan A. Miley
Area Code/Phone Number  
(510) 272-6694
E-mail  
district4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy?  
Yes ☑  No ☐
Face Value of Each Ticket/Pass $  
300
Event Description:  
Warriors
Provide Title/Explanation  

Date(s)  
11 / 6 / 17
Ticket(s)/Pass(es) provided by agency?  
Yes ☑  No ☐
If no:  
Name of Source  
Oakland Coliseum Authority
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.

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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</tbody>
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<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>Muhammad, Ansar</td>
<td>4</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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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</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 A Miley
Print Name  
Supervisor
Title  
12/13/17
(month, day, year)

Comment:  

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, District 4
Designated Agency Contact (Name, Title): Nathan A. Miley
Area Code/Phone Number: (510) 272-6694
E-mail: district4@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: Halsey Concert
   Date(s): 11/7/17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Oakland Coliseum Authority
   Name of Source: 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>
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<tr>
<th>Name of Agency, Department or Unit</th>
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<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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<tbody>
<tr>
<td>Armstrong, Erin</td>
<td>2</td>
<td>Ceremonial Role ☒ Other ☐ Income ☐</td>
</tr>
<tr>
<td></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>

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<tr>
<th>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 A. Miley
   Supervisor: Print Name
   Title:
   Date of Filing: 12/13/17
   (month, day, year)

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

1. Agency Name
   Alameda County
   Board of Supervisors, District 4
   Designated Agency Contact (Name, Title)
   Nathan A. Miley
   Area Code/Phone Number
   (510) 272-6694
   E-mail
   district4@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 $ ____________
   Event Description: Warriors
   Date(s) 11/8/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Coliseum Authority
   Name of Source
   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 ☐
   To reward a community volunteer for his or her service to the public

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head of Designee: Nathan A. Miley
   Print Name: ____________________________
   Supervisor: ____________________________
   Title: ____________________________ (month, day, year)
   Date: 12/13/17
   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
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 4
   Designated Agency Contact (Name, Title)
   Nathan A. Miley
   Area Code/Phone Number  E-mail
   (510) 272-6694 district4@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
   Date(s) 11/11/17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland Coliseum Authority
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Miley, Christopher
      Number of Ticket(s)/Passes 4
      Describe the public purpose made pursuant to the agency's policy
      To promote attendance at a County sponsored event or event held at a county facility in order to maximize revenue

   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 with the requirements.

   Signature of agency head or designee    Nathan A Miley    Supervisor
   Print Name    Title
   (month, day, year) 12/13/17

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, District 4

Designated Agency Contact (Name, Title)
Nathan A. Miley

Area Code/Phone Number
district4@acgov.org

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

Face Value of Each Ticket/Pass $ 204.80

Event Description: Warriors

Date(s) 11/13/17

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

Provide Title/Explanation
If no: Oakland Coliseum Authority

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>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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<table>
<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>Peters, Andrew</td>
<td>4</td>
<td>Ceremonial Role ☒ Other ☐ Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

To promote attendance at a County sponsored event or event held at a county facility in order to increase revenue

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</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

Nathan A Miley
Supervisor

Print Name

12/13/17 (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, District 4

Designated Agency Contact (Name, Title)
Nathan A. Miley

Area Code/Phone Number E-mail
(510) 272-6694 district4@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 $ 150

Event Description: Fall Out Boy Concert

Date(s) 11/14/17

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

If no: Oakland Coliseum Authority
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.

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<tr>
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</thead>
<tbody>
<tr>
<td>Miley, Chris</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 to maximize revenue</td>
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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 this form.

Signature of Agency Head or Designee

Nathan A Miley

Print Name

Supervisor

Title

12/13/17 (month, day, year)

Comment: __________________________
Agency Name
Alameda County

Division, Department, or Region (if applicable)
Board of Supervisors, District 4

Designated Agency Contact (Name, Title)
Nathan A. Miley

Area Code/Phone Number
(510) 272-6694

E-mail
district4@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 $ ____________

Event Description: Guns N' Roses Concert

Date(s) ____________ / ____________ / ____________

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

If no: Oakland Coliseum Authority

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)/Passees

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

B. Name of Individual

(Number, Name)

Number of Ticket(s)/Passes

Identify one of the following:

Ceremonial Role ☑ Other ☐ Income ☐

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

To reward a county employee for his or her exemplary service to the public or to encourage staff development

C. Name of Outside Organization

(Including address and description)

Number of Ticket(s)/Passees

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 it.

Signature of Agency Head or Designee

Nathan A Miley

Print Name

Supervisor

Title

12/13/17

(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, District 4
   Designated Agency Contact (Name, Title)
   Nathan A. Miley
   Area Code/Phone Number: (510) 272-6694
   E-mail: district4@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
   Date(s) 11/24/17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Name of Source: Oakland Coliseum Authority
   If no: Name of Source: Miley, Nathan
   If yes: Official’s Name (Last, First)

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

<table>
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<tr>
<th>Name of Agency, Department or Unit</th>
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<tbody>
<tr>
<td>Taylor, Elaine</td>
<td>4</td>
<td>Ceremonial Role ☑ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>
   |                                  |                             | To promote attendance at a County sponsored event or event held at a county facility in order to increase revenue

<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 with:

   Signature of Agency Head or Designee: Nathan A Miley
   Print Name: Supervisor: 12/13/17
   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, District 4
Designated Agency Contact (Name, Title)
Nathan A. Miley
Area Code/Phone Number E-mail
(510) 272-6694 district4@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
Date(s) 11/26/17
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Oakland Coliseum Authority
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>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snyder, Ron</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</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 these regulations.

Signature of Agency Head or Designee
Nathan A Miley
Title
Supervisor
12/13/17 (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, District 4

   **Designated Agency Contact (Name, Title)**
   Nathan A. Miley

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

   **E-mail**
   district4@acgov.org

   **Date Stamp**

   **California Form 802**
   For Official Use Only

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Face Value of Each Ticket/Pass** $300.00
   - **Event Description:** Warriors
   - **Event(s) Date:** 11/27/17
   - **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
   - **Name of Source:**
     - If no: Oakland Coliseum Authority
     - If yes: Miley, Nathan

3. **Recipients**

   - **Name of Agency, Department or Unit**
     Hopkins, Willie

   - **Number of Ticket(s)/Passes**
     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

4. **Verification**

   - **Signature of Agency Head or Designee**
     Nathan A Miley

   - **Supervisor**
     12/13/17

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

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
     - Briana Brown

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
   - **Event Date(s)** 11/27/17
   - **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:** 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)**
       - GSAA
       - 2
       - BSDB
       - 2
     - **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;

4. **Verification**
   - **Signature of Agency Head or Designee** Briana Brown
   - **Supervisor’s Assistant**
   - **Print Name**
   - **Title**
   - **Date** 11/30/17

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

**Agency Name**
Alameda County

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

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

**Area Code/Phone Number**
5102726695

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

---

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description**
  - Bruno Mars
- **Face Value of Each Ticket/Pass $ (If Any)**
  - [ ]
- **Date(s)**
  - 11/3/17

**Golden State Warriors**

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

**Official’s Name (Last, First)**
Carson, Keith - Supervisor District 5

---

**3. Recipients**

(A Use Section 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>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [ ] Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria Carson</td>
<td>4</td>
<td>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;</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>
</table>

---

**4. Verification**

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

Signature of Agency Head of Department: Briana Brown

Supervisor’s Assistant: [ ]

Date: 11/30/17

(FPPC Form 892 (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): Briana Brown
Area Code/Phone Number: 5102726695
E-mail: briana.brown2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? ☑ Yes ☐ No ☑
Face Value of Each Ticket/Pass $150
Event Description: Halley's Party Not Door
Date(s): 11/7/17
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
- Use Section 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>BOS D5</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development;</td>
</tr>
</tbody>
</table>

B. Name of Individual

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

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

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

4. Verification
I hereby certify 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: 11/30/17
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
   5102726695  briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 50
   Event Description Fall out boy
   Date(s) 11/14/17
   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: 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
   ---|---|---
   Bes D5 | 2 | To reward a County employee for his or her exemplary service to the public or to encourage staff development;

   B. Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | Identify one of the following:
   ---|---|---
   Maya Govers | 2 | 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 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, Briana Brown, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head of Department or Agency: Briana Brown
   Print Name(Supervisor’s Assistant):
   Title: 
   Date: 11/30/17 (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  5102726695  
E-mail  briana.brown2@acgov.org

2. Function or Event Information  
Does the agency have a ticket policy?  Yes ☒ No ☐  
Face Value of Each Ticket/Pass $ 300  
Event Description  GUNS' N ROSES  
Date(s) 11/10/17  
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒  
If no:  Golden State Warriors  
Was ticket distribution made at the behest of agency official?  Yes ☒ No ☐  
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

<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  
(First Name, Last Name)  
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 revenue from parking and concession sales;

Name: Danielle Dennis  
Number: 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

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

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

Signature of Agency Head or Designate  
Briana Brown  
Supervisor’s Assistant  
11/30/17  
(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   E-mail
   5102726695   briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Basketball Game

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 304.86
   Date(s) 11/13/17 11/24/17
   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.
   • 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:

   Keith Carson  4  Income ☐ To obtain oversight of facilities or events that have received County funding or support:

   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

   City Silver Farm, Silver Auction to promote attendance at a County sponsored event or event held at a County facility in order
   Empower Community to provide maximize potential County revenue from health food.

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  Briana Brown  Supervisor's Assistant

   Title  H/30/17

   Comment: __________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 3.05.55
   Event Description Football Game
   Date(s) 11/26/17
   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
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.

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

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

<table>
<thead>
<tr>
<th>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>Down Syndrome Community of the East Bay</td>
<td>4 + PP</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>En Courage Unlimited Potential in Children &amp; Adults with Down Syndrome</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 Briana Brown Supervisor's Assistant

   Date (Month, Day, Year) 11/30/17

   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)
   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: Golden State Warriors
   Date(s): 11/25/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $304.80
   If yes: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Board of Supervisor D5 15
      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;

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Keith Carson 3
      To obtain oversight of facilities or events that have received County funding or support;

   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 California Political Practices Code sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.]
      Briana Brown
      Supervisor's Assistant
      Date 11/30/17

Comment: