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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, Ticket Administrator
   Area Code/Phone Number E-mail
   510-249-562-272-641 leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 200.00
   Event Description: NOT SO SILENT NIGHT - concert
   Date(s) 12 / 8 / 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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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 Ferguson
   Ticket Administrator: 12/14/17
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** 510-249-562 [redacted]
   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**: Raiders
   - **Ticket(s)/Pass(es) provided by agency?**
     Yes ☑ No ☐
   - **Date(s)**: 12 / 17 / 17
   - **Was ticket distribution made at the behest of agency official?**
     Yes ☑ No ☐

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

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

   **B.**
<table>
<thead>
<tr>
<th>Name of Individual <em>(Last, First)</em></th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mangabay, Burke</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>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee
   [Signature]

   Lee Ann Fergerson
   Ticket Administrator
   12/14/17
   (month, day, year)

   Comment: [space for comment]
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

Board of Supervisors

Designated Agency Contact (Name, Title)
Briana Brown

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Not So Silent Night
Face Value of Each Ticket/Pass $ 200
Date(s): 12/8/17 12/9/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
If yes: Carson, Keith - Supervisor District 5
Official's Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
---|---|---
B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
| Ceremonial Role ☐ | Other ☒ | Income ☐
If checking “Ceremonial Role” or “Other” describe below:
C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
---|---|---

4. Verification
I declare, under penalty of perjury, that the distribution set forth above, is in accordance with the requirements:

Signature of Agency Head or Designee Briana Brown
Print Name
Supervisor's Assistant
Title
Date: 12/31/17
(Month, Day, Year)

Comment: 
# Ceremonial Role Events and Ticket/Pass Distributions

## 1. Agency Name

**Alameda County**

**Board of Supervisors**

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

Briana Brown

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

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

## 2. Function or Event Information

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

**Event Description** Football Game

**Face Value of Each Ticket/Pass $** 305.00

**Date(s)** 12/3/17 12/17/17

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

**Name of Source** Carson, Keith - Supervisor District 5

**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

<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>1041</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</th>
<th>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>Donald Hightower</td>
<td></td>
<td>4</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>
</tbody>
</table>

### C. Name of Outside Organization

<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, Briana Brown, have verified that the distribution set forth above, is in accordance with the requirements. Supervisor’s Assistant: Carson, Keith - Supervisor District 5

*Signature of Agency Head or Designee* Briana Brown

Date: 12/3/17

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Event Description**
     - Jay Z 4:44
     - **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 $** 400
   - **Date(s)** 12/16/17
   - **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, Section B to identify an individual, Section C to identify an outside organization.**
   - **A.**
     - **Number of Ticket(s)/Pass(es)**
     - **Describe the public purpose made pursuant to the agency's policy**
   - **B.**
     - **Name of Individual**
       - Melanie Byres
       - **Number of Ticket(s)/Pass(es)** 2
       - **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;**
     - **Anacrae Guinn**
       - **Number of Ticket(s)/Pass(es)** 2
       - **Income** ☐
   - **C.**
     - **Name of Outside Organization**
       - **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**
   - **Print Name** Briana Brown
   - **Title** Supervisor's Assistant
   - **Date** 12/31/17

Comment: 

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name: Alameda County
Division, Department, or Region: Board of Supervisors
Designated Agency Contact: Briana Brown
Area Code/Phone Number: (510)272-6695
E-mail: briana.brown2@acgov.org

Function or Event Information:
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Basketball Games
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
Date(s): 12/29/17 12/30/17

Recipients:
A. Number of Ticket(s)/Pass(es): Describe the public purpose made pursuant to the agency’s policy

B. Name of Individual: Sarah McCarthy
Number of Ticket(s)/Pass(es): 4

C. Name of Outside Organization: Keith Carson
Number of Ticket(s)/Pass(es): 4

Verification:
Signature of Agency Head or Designee: Briana Brown
Supervisor’s Assistant: 12/31/17
Comment: PP = Parking Pass
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $304.80 ticket/$30 park
   Event Description Basketball Game
   Date(s) 11 / 13 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Golden State Warriors
   Name of Source
   If no: Chan, Wilma
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To promote attendance...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 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)
   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: (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: Football game
   Face Value of Each Ticket/Pass $305.55 ticket/35 park
   Date(s): 12/03/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Raiders
   Name of Source: Chan, Wilma
   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 ☐
   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
   EBYAC, 2025 E 12th St, Oakland, CA 94606 | 2+1park | To reward a school or nonprofit organization for its contributions to the community

   Nonprofit community building organization

4. Verification
   I, Sarah Oddie, Head or Designee, 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: 01.02.2018

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

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 $ 305.55 ticket/35 park

Event Description Football game

Date(s) 12 / 17 / 17

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

If no: Oakland Raiders Name of Source

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

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

<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)
Number of Ticket(s)/Pass(es)
Identify one of the following:

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordon, James</td>
<td>2+1park</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td>2+1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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>Filipino Advocates for Justice, 310 8th St # 309, Oakland, CA 94607</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Social services nonprofit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

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

Signature of Agency Head or Designee Sarah Oddie  Supervisor's Assistant 01.02.2018
Print Name Title (Month, Day, Year)

Comment:  

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   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) 12/11/17
   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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kakishiba, David</td>
<td>2+1park</td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
</tbody>
</table>

   | C. Name of Outside Organization   | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐ |
   | (include address and description) |-----------------------------|------------------------------------|

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 Sarah Oddie  Supervisor's Assistant  Title
   Date of Original 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 ☐
   Event Description Basketball Game
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $304.80 ticket/$30 park
   Date(s) 12/11/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have read and understood the above 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
   □ Supervisor’s Assistant
   □ Title
   01.02.2018 (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) 12/14/17
   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)
   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:
      To promote attendance at a(n)… event held at a County facility in order to maximize potential County revenue...

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

4. Verification
   I, Sarah Oddie, Supervisor’s Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   (Signature of Agency Head or Designee)
   Print Name
   Title
   Date 01.02.2018
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Face Value of Each Ticket/Pass $304.80 ticket/$30 park
   Event Description Basketball Game
   Provide Title/Explanation
   Date(s) 12 / 20 / 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)
   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:
      To promote attendance at a(n)… event held at a County facility in order to maximize potential County revenue...
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      San Leandro Education Foundation, 14735 Juniper St, San Leandro, CA
      2+1park
      To reward a school or nonprofit organization for its contributions to the community
      Education support nonprofit to San Leandro Unified School District

4. Verification
   Regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name
   Supervisor’s Assistant
   Title
   Date (Month, Day, Year)
   01.02.2018

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

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

Date Stamp
California Form 802
For Official Use Only

[ ] 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 ticket/$30 park
Event Description Basketball Game
Provide Title/Explanation
Date(s) 12 / 29 / 17
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]
If yes: Chan, Wilma
Name of Source (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>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) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
Cravalho, Christopher               | 4+1park                      | Ceremonial Role [ ] Other [ ] Income [ ] |
Ceremonial Role: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) _ event held at a County facility in order to maximize potential County revenue...

<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 _ PC 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
01.02.2018 (Month, Day, Year)

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name: Alameda County Board of Supervisors
Designated Agency Contact: Sarah Oddie

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? Yes ☑ No ☐
- Face Value of Each Ticket/Pass: $304.80 ticket/$30 parking
- Date(s): 12 / 30 / 17
- Name of Source: Golden State Warriors
- Official's Name (Last, First): Chan, Wilma

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

<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>Cluver, Andreas</td>
<td>2+1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2+1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
I have regulations 1994.1 and 1994.2. 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: 01.02.2018

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) 12 / 30 / 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? Yes ☑ No ☐
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>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doutherd, Clarissa</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>2</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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 / Supervisor’s Assistant / 01.02.2018

(Month, Day, Year)

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

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Sarah Oddie

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

Date Stamp

California Form 802
For Official Use Only

□ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 200.00

Event Description Not So Silent Night

Provide Title/Explanation

Date(s) 12 / 08 / 17

If no: Golden State Warriors

Name of Source

If yes: Chan, Wilma

Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es)

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

B. Name of Individual (Last, First)

Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

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

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

Ceremonial Role ☐ Other ☐ Income ☐

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

4

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

Number of Ticket(s)/Pass(es)

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

4

4. Verification

I have

Signature of Agency Head or Designee

Sarah Oddie

Print Name

Supervisor's Assistant

Print Name

Title

01.02.2018

(Month, Day, Year)

Comment:

FPSC 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 ☐ Face Value of Each Ticket/Pass $200.00
Event Description Not So Silent Night Date(s) 12/09/17
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
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.

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:

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

SAHA, 1835 Alcatraz Ave, Berkeley, CA 94703 4 To reward a school or nonprofit organization for its contributions to the community
Nonprofit housing developer

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

Sarah Oddie Supervisor’s Assistant 01.02.2018
Print Name Title

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Jay Z
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $400.00
   Date(s) 12 / 16 / 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:
   Brekke-Miesner, Lukas 2 | Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
   Lam, Marianne 2 | Ceremonial Role ☐ Other ☐ Income ☐
   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 verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor’s Assistant
   01.02.2018

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 $ 304.80
   Event Description GS Warriors vs. Portland Trailblazers
   Provide Title/Explanation
   Date(s) 12 / 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
      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
      Alameda Labor Council 7750 Pardee Ln Ste 110, Oakland, CA 94621
      A
      - To reward a nonprofit organization for its contributions to the community
      is a union of unions, uniting workers from manufacturing, education, transportation, healthcare, private and public sector.

4. Verification
   I, [Signature], Gabriela Christy, Supervisor's Assistant, certify that the distribution set forth above is in accordance with the requirements.
   (Date) 12/9/2017

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)
   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. Dallas Mav
   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) 12 / 14 / 17
   Face Value of Each Ticket/Pass $ 304.80/30

3. Recipients
   • Use Section A to identify the agency’s department 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
      Teamsters 856
      153 San Pablo Ave, San Pablo, CA 94806
      — To reward a nonprofit organization for its contributions to the community
      Note: We stand together for economic progress and fairness on the job.

4. Verification
   ons 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
   12/19/17 (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)
Gabriela Christy

Area Code/Phone Number E-mail
(510) 272-6692 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 $ 304.80/30

Event Description GS Warriors vs. Memphis Grizzlies

Provide Title/Explanation

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:

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

NAACP - Hayward South Alameda County 1218 B St, Hayward, CA 94541 1/1

To reward a nonprofit organization for its contributions to the community

Our mission is to create a new community where youth participate in:

defining personal, educational and professional goals and achieve them through life changing programs, projects, group……

4. Verification
I, ____________________________, Director of Agency, have reviewed the report. I have verified that the distribution set forth above is in accordance with the requirements.

Gabriela Christy

Print Name

Supervisor’s Assistant

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
   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. Charlotte Hornets
   Date(s) 12 / 29 / 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
      Name of Agency, Department or Unit
      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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy
   Supervisor's Assistant
   Date Stamp (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 304.80/30
   Event Description GS Warriors vs. Denver Nuggets
   Date(s) 12/23/17
   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.

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

<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>Blankwetz, Ellen</td>
<td>4/1</td>
<td>☐ To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Monroe, Gilbert</td>
<td>4/1</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>
</table>

4. Verification
   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: Supervisor's Title: 12/19/17
   (Month, Day, Year)

Comment: 
### Agency Name
Alameda County

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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>ARO, MIKE</td>
<td>4/1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Koffen, Sharon</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Aro, Jacob</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Valle, Richard</td>
<td>2/1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To obtain oversight of facilities or events that have received many financial supports</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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Gabriela Christy

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description GS Warriors vs. Utah Jazz
   Face Value of Each Ticket/Pass $ 304.80/30
   Date(s) 12 / 27 / 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:
   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

   Munoz, Christian

   Filmone, Erin

   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, [Embattled Signature]
Print Name
Date Stamp

Comment:

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

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

3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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>Johnson, Darnell</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 or her service to the public</td>
</tr>
<tr>
<td>Fimnara, Appius</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></td>
</tr>
<tr>
<td>Archeleta, Raquel</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 obtain overview of facilities or event's host</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vanc, recend county, funding or support</td>
</tr>
<tr>
<td>Valler, Richard</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. Name of Outside Organization (include address and description)</td>
<td>Number of Ticket(s)/ Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 ☐
   Event Description GS Warriors vs. Memphis Grizzlies
   Date(s) 12 / 30 / 17
   Face Value of Each Ticket/Pass $ 304.80/30
   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 ☐
   - Ceremonial Role ☐ Other ☐ Income ☐
   - Ceremonial Role ☐ Other ☐ Income ☐
   - Ceremonial Role ☐ Other ☐ Income ☐

   **C. Name of Outside Organization**
   **(include address and description)**
   New Haven School's Foundation P.O. Box 1574 Union City, CA 94587
   **Number of Ticket(s)/Pass(es)**
   4
   **Describe the public purpose made pursuant to the agency's policy**
   - To reward a school or nonprofit organization for its contributions to the community
   - Supporting academic programs, and enriching the educational experience to help students succeed in life

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

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 305.55/35
Event Description Oakland Raiders vs. New York Giants
Provided Title/Explanation
Date(s) 12 / 03 / 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.

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

<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>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)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chabot College 25555 Hesperian Blvd, Hayward, CA 94545</td>
<td>4 / 1</td>
<td>- To reward a school or nonprofit organization for its contributions to the community and academic excellence, committed to creating a vibrant community of life-long learners.</td>
</tr>
</tbody>
</table>

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

[Signature of Agency Head or Designee]
[Print Name]
[Title]
[Date]

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

   Date Stamp California Form 802
   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 Oakland Raiders vs. Dallas Cowboys
   Face Value of Each Ticket/Pass $ 305.55/35
   Date(s) 12 / 17 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? 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 outsider 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
      Jewish Family & CS East Bay 2484 Shattuck Ave #210, Berkeley, CA 94704 7/1
      □ To reward a school or nonprofit organization for its contributions to the community
      Rooted in Jewish values and historical experiences, and inspired by the strength of the diverse communities we serve, JFCS East Bay promotes the well-being of individuals and families by providing essential.....

4. Verification
   I certify under penalty of perjury under Title 18, United States Code, Sections 1621 and 1623 and 18 U.S.C. 3944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name
   Supervisor's Assistant
   Title
   Date of Filing (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors

Division, Department, or Region (if Applicable)

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 $ 200
   Event Description Not So Silent Night
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 12 / 08 / 17 12 / 09 / 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>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>Rogers, Samantha</td>
<td>4</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>Burciaga, Priscilla</td>
<td>4</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>
</tbody>
</table>

   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></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

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

Signature of agency head or designee

Signature of agency head or designee

Print Name

Title

(Year, Month, Day)

Comment:

FPSC Form 802 (4/12)
FPSC Toll-Free Helpline: 866/ASK-FPSC (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 $ 400  
Event Description Jay Z 4:44  
Date(s) 12 / 06 / 17  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑  
If yes: GS Warriors  
If no: 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:
Sims, Candace  | 1 | 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
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  
(Month, Day, Year)  

Comment:  

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