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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number (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 Great Xscape
   Provides 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) 1/5/18
   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 Individual or Unit)
      Number of Ticket(s)/Pass(es) 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;

   B. (Name of Individual or Unit)
      Number of Ticket(s)/Pass(es) 2
      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;

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

4. Verification
   I have verified that the distribution set forth above is in accordance with the requirements.
   Briana Brown
   Supervisor’s Assistant
   Signature of Agency Head or Designee
   Date 1/30/18
   (Month, Day, Year)

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

1. **Agency Name**
   Alameda County

2. **Function or Event Information**
   **Does the agency have a ticket policy?** Yes ☑ No □
   **Event Description** Basketball
   **Face Value of Each Ticket/Pass** $304.80
   **Date(s)** Jan 8, 2018, Jan 10, 2018
   **Ticket(s)/Pass(es) provided by agency?** Yes □ No ☑
   **Name of Source** Golden State Warriors
   **If yes: Carson, Keith - Supervisor District 5**
   **If no:**

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

   **A. Name of Agency, Program, 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** □
   **To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales.**

4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   
   **Comment:** PP = Parking Pass

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Harlem Globetrotters
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 60
   Date(s) 1/13/18 1/20/18
   Name of Source Golden State Warriors
   If no: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)

3. Recipients
   A. Number 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 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
      Andrew Fliegelman Foundation
      Provides resources for under served youth in Oakland
      4
      To promote attendance at a County sponsored event or event held at a County facility in order
      to maximize potential County revenue from parking and concession sales;

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/Designee Briana Brown Supervisor's Assistant
   Print Name 1/30/18 (Month, Day, Year)

Comment:
Agency Name: Alameda County  
Division, Department, or Region (If Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
Briana Brown  
E-mail brianabrown2@acgov.org  
Area Code/Phone Number (510)272-6695  

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/Poss $364.80  
Date(s)  
Jan/23/2018  
Jan/25/2018  
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  

<table>
<thead>
<tr>
<th>Name of Agency Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Description of Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Description of Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Brown</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>
<tr>
<td></td>
<td>2</td>
<td></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>Description of Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claremont Middle School</td>
<td>2</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>5750 College Ave, Oakland</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

4. Verification  
I have read and understand §§ 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.  
Briana Brown  
Signature of Agency Designee  
Print Name  
Supervisor's Assistant  
Title  
Date of Filing: 1/30/17  

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

### 1. Agency Name
- Alameda County
- Board of Supervisors

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

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description:** The Great Xscape Tour
- **Face Value of Each Ticket/Pass $** 100
- **Date(s)**: 01/05/18
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no:**
  - **Name of Source:**
  - **If yes:**
    - **Valle, Richard:** Supervisor District 2
    - **Official's Name (Last, First):**

### 3. Recipients

**Note:** Use Section 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>Thomas, Valerie</td>
<td>4</td>
<td>To reward a community volunteer for her service to the public</td>
</tr>
</tbody>
</table>

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

### 4. Verification

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

- **Signature of Agency Head or Designee:**
- **Print Name:** Gabriela Christy
- **Supervisor’s Assistant:**
- **Title:**
- **Date (Month, Day, Year):** 2/19/2019

**Comment:**

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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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ _____________ 60
   Event Description PBR
   Provide Title/Explanation
   Date(s) 01 / 06 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   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:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      Wood, Diane 4
      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
   Signature of Agency Head or Designee: __________________________
   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
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number    E-mail
   (510) 272-6692  Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Event Description  The Original Harlem Globetrotters
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 60
   Date(s) 01/13/18 01/20/18
   If no: ____________________________
   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>
<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>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</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>Chabot College 25555 Hesperian Blvd, Hayward, CA 94545</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>League of Women Voters, Eden Area P.O. Box 2234 Castro Valley</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee  Gabriela Christy  Supervisor’s Assistant
   Print Name  Title
   Signature  (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 E-mail
   (510) 272-6692 Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description
   Santa Cruz Warriors
   Face Value of Each Ticket/Pass $ ____________
   Date(s) 01 / 27 / 18 ____________/__________/__________
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   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.

<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>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>Castro Valley Chamber of Commerce 3160 Castro Valley Blvd #224, Castro Va ☑</td>
<td>- To reward a school or nonprofit organization for its contributions to the community</td>
<td></td>
</tr>
<tr>
<td>The mission of the Castro Valley/Eden Area Chamber of Commerce is to lead our community toward sustainable economic growth, to advocate a pro-business climate for our members, to honor the historical</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.
   Gabriela Christy
   Supervisor's Assistant
   Date 04/02/2018

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑  No ☐
   Event Description
   GS Warriors vs. Denver Nuggets
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☑
   Face Value of Each Ticket/Pass $ 304.80/30
   Date(s) 01 / 08 / 18
   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 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, Gabriela Christy, Supervisor's Assistant, certify 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
   (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**
  - GS Warriors vs. LA Clippers
  - Provide Title/Explanation

- **Face Value of Each Ticket/Pass $** 304.80/30
- **Date(s)** 01/10/18

- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑️
- **If no:** Name of Source
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑️
  - **If yes:** Valle, Richard- Supervisor District 2  
    - Official's Name (Last, First)

#### 3. Recipients

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castillo, Patricia</td>
<td>4/1</td>
<td>To reward a community volunteer for her service to the public</td>
</tr>
</tbody>
</table>

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

#### 4. Verification

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

Signature of Agency Head or Designee: ___________________________
Print Name: Gabriela Christy
Supervisor's Assistant: ___________________________
Title: ___________________________
Date: 2/10/18

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 $ ______________
   Event Description GS Warriors vs. NY Nicks
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) __________________________
   If no: ____________________________________________
   If yes: Name of Source ____________________________
   Was ticket distribution made at the behest of agency official? No ☐ 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:

   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
      OHLONE COLLEGE FOUNDATION 43600
      Mission Boulevard Building 20, Room 20
      — To reward a school or nonprofit organization for its contributions
to the community
      OHLONE COLLEGE will be known throughout
      California for our inclusiveness, innovation
      and superior rates of student success.

4. Verification
   I have read and understood 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
   Supervisor’s Assistant
   ____________________________________________
   Print Name
   Title
   2/6/18
   (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 GS Warriors vs. Minnesota Timberwolves
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $304.80/30
   Date(s) 01 / 25 / 18
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Name of Source
   If yes: Valle, Richard- Supervisor District 2

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

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

<table>
<thead>
<tr>
<th>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>League of Women Voters P.O. Box 2234 Castro Valley, CA 94546</td>
<td>2 / 1</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Alameda County Democratic Party</td>
<td>2 / 1</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee ____________________________
   Print Name ____________________________________________________
   Supervisor’s Assistant ____________________________
   Title _________________________________________________________
   Date ____________________________ (Month, Day, Year)
   Comment: _____________________________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name: Alameda County
Division, Department, or Region (if applicable): Board of Supervisors, District 4
Designated Agency Contact (Name, Title): Nathan Miley, Supervisor
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 $ 305.55
   Event Description: Raiders
   Date(s): 01/3/17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: Oakland Raiders
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Miley, Nathan

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stewart, Darryl</td>
<td>2</td>
<td>Identify one of the following:</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>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.</td>
<td></td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td>Dunlap, Kamika</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>C.</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>

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

   Signature of Agency Head or Designee: Nathan Miley
   Print Name: Nathan
   Supervisor: Miley
   Title: Nathan
   Date: 01/25/2018
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 Miley, Supervisor

   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) 12/11
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   If yes: Miley, Nathan
   Official's Name (Last, First)

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

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

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

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

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

   Signature of Agency Head or Designee
   Nathan Miley
   Print Name
   Supervisor
   Title
   Date 01/25/2018

   Comment:
1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 4
   Designated Agency Contact (Name, Title)
   Nathan Miley, Supervisor
   Area Code/Phone Number
   (510) 272-6694
   E-mail
   distrc4@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) 12 / 14 / 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 ☐
   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.**
<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 (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, LaNiece</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>
</table>

   **C.**
<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>
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</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Nathan Miley
   Print Name
   Supervisor
   Title
   01/25/2018
   (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 Miley, Supervisor
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 $ ____________
Event Description: Jay Z
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Oracle Arena
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
If yes: Nathan Miley
Official’s Name (Last, First)

3. Recipients

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

<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>
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<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>Identity one of the following:</th>
<th>Ceremonial Role ☐ Other ☑ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gums, Angelica</td>
<td>2</td>
<td></td>
<td>To reward a county employee for his or her exemplary service to the public</td>
</tr>
<tr>
<td>Stewart, Darryl</td>
<td>2</td>
<td></td>
<td>To reward a county employee for his or her exemplary service to the public</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 understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements: ☑

Signature of Agency Head or Designee: __________________________
Nathan Miley
Supervisor
Print Name
Title
(01/25/2018) (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, District 4
Designated Agency Contact (Name, Title)
Nathan Miley, Supervisor
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 ☒ No ☐
Face Value of Each Ticket/Pass $305-58
Event Description: Raiders
Date(s) 12/17/17
Ticket(s)/Pass(as) 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: 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. 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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<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>Lias, Renee</td>
<td>2</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 max. profit</td>
</tr>
</tbody>
</table>

| Ng, Eileen                          | 2                           | Ceremonial Role ☐ Other ☒ Income ☐ |
|                                      |                             | To promote attendance at a County sponsored event or event held at a county facility in order to max. profit |

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

Signature of Agency Head or Designee

Nathan Miley
Print Name

Supervisor
Title
01/25/2018
(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 Miley, Supervisor
Area Code/Phone Number E-mail
(510) 272-6694 distrect4@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) 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: 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. 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>Sakala, Jordan</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>If checking “Ceremonial Role” or “Other” describe below:</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)/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 requirements.

Signature of Agency Head or Designee
Nathan Miley
Print Name
Supervisor
01/25/2018
Title
(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 Miley, Supervisor
Area Code/Phone Number: (510) 272-6694
E-mail: district4@acgov.org
Amendment (Must Provide Explanation in Part 3.): No
Date of Original Filing: (month, day, year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $: 304.80
   Event Description: Warriors
   Date(s): 12/25/17
   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: 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>
<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>Identity one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sakala, Jordan</td>
<td>4</td>
<td></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></td>
</tr>
<tr>
<td>C. Name of Outside Organization (Include address and description)</td>
<td>Number of Ticket(s)/Passes</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>
</tbody>
</table>

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

   Signature of Agency Head or Designee: Nathan Miley
   Supervisor: Title: 01/25/2018
   (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 Miley, Supervisor
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) 12/25/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
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.

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 or event held at a county facility in order to maximize profit
Ceremonial Role ☐ Other ☐ Income ☐
To reward a county employee for his or her exemplary service to the public or to encourage staff development

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.

Nathan Miley
Supervisor
01/25/2018

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, District 4
Designated Agency Contact (Name, Title)
Nathan Miley, Supervisor

*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): **12/25/17**
- 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: Nathan Miley

**3. Recipients**
- *Use Section 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 Tickets/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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Tickets/Passes</th>
<th>Ceremonial Role ☐ Other ☑ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexander, Toni</td>
<td>6</td>
<td>To promote attendance at a County sponsored event or event held at a county facility in order to maximize profit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Tickets/Passes</th>
<th>Ceremonial Role ☐ Other ☑ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linton, Donna</td>
<td>4</td>
<td>To promote attendance at a County sponsored event or event held at a county facility in order to maximize profit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Tickets/Passes</th>
<th>Ceremonial Role ☐ Other ☑ Income ☐</th>
</tr>
</thead>
</table>

**4. Verification**

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

*Signature of Agency Head or Designee*  
*Print Name*  
*Title*  
*Date*  

**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 Miley, Supervisor
   Area Code/Phone Number  E-mail
   (510) 272-6694  distrct4@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)  12/25/17
   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: Miley, Nathan

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stewart, Darryl</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>

   | Dunaip, Kamika                  | 2                         | Ceremonial Role ☑ Other ☐ Income ☐ |
   |                                 |                           | To reward a county employee for his or her exemplary service to the public or to encourage staff development |

<table>
<thead>
<tr>
<th>Name of Outside Organization</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>(Include address and description)</td>
<td></td>
<td></td>
</tr>
<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: Nathan Miley  Print Name: Supervisor  Title:  01/25/2018
   Comment:
1. **Agency Name**
   - Alameda County
   - Board of Supervisors, District 4
   - Nathan Miley, Supervisor

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Event Description:** Warriors
   - **Face Value of Each Ticket/Pass:** $304.80
   - **Date(s):** 12/30/2023
   - **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:** Miley, Nathan

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

   **A. Name of Agency, Department or Unit**
   **Number of Ticket(s)/Passes**
   **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)/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. Name of Individual**
   **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.

   **If checking "Ceremonial Role" or "Other" describe below:**
   - Ceremonial Role ☐ Other ☒ Income ☐

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

<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 the requirements.

   **Signature of Agency Head or Designee:** Nathan Miley
   **Print Name:**
   **Supervisor Title:**
   **Date:** 01/25/2018
   **(month, day, year)**
**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: Warriors
   - Face Value of Each Ticket/Pass $
   - Date(s): 12/30/17
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - If no: Golden State Warriors

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

   **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:
     - To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
     - To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parkin

   **C.**
   - Name of Outside Organization (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: Briana Brown
   - 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: County of Alameda  
Division, Department, or Region (if applicable): Board of Supervisors  
Designated Agency Contact (Name, Title): Lee Ann Fergerson, Ticket Administrator  
Area Code/Phone Number: 510-272-6691  
E-mail: Tustargaze@gmail.com

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐  
Face Value of Each Ticket/Pass $340.80  
Event Description: Warriors Basketball  
Date(s): 1 / 10 / 18  
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.

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

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

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

4. Verification

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

Signature of Agency Head or Designee  
LEE ANN FERGERSON  
Print Name  
TICKET ADMINISTRATOR  
Title  
1/12/18  
(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
   Area Code/Phone Number  510-2726691
   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  $ 300.00
   Event Description: Guns n Roses
   Event(s)  11 / 21 / 17
   Ticket(s)/Pass(es) provided by agency?  Yes ☒ No ☐
   If no:  GSW
   Name of Source  Haggerty, Scott
   If yes:  Name of Source (Last, First)

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

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

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

   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  Lee Ann Fergerson  Ticket Administrator  01/09/18
   Print Name  Title  (month, day, year)
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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 [x] No [ ]
Face Value of Each Ticket/Pass $ ____________
Event Description: Xscape
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
If no: GSW
Name of Source
If yes: Haggerty, Scott
Official’s Name (Last, First)

Date(s) 01 / 15 / 18

3. Recipients
* Use Section 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
District 5 4 To reward a county employee for his or her exemplary service to the public.

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

C. 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 with the requirements.

( ) Signature of Agency Head or Designee
Lee Ann Fergerson Print Name
Ticket Administrator Title
01/05/18 (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 $ 100
   Event Description: Santa Cruz Warriors v. Austin Spurs
   Date(s): 01 / 28 / 18
   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>Name of Agency, Department or Unit</th>
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<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tr>
<th>Name of Individual (Last, First)</th>
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<th>Identify one of the following:</th>
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</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>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>San Leandro Rec+Human Svcs Dept. Youth Prgms, 835 E. 14th St, SL 94577</td>
<td>4</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td>Provides recreational opportunities for youth in City of San Leandro</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: Sarah Oddie
   Date: 01.31.2018
   Supervisor’s Assistant: Print Name
   Title: (Month, Day, Year)

   Comment:
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): 01/08/18
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   - If no: Golden State Warriors
   - Name of Source
   - If yes: Chan, Wilma
   - Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<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></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>League of Women Voters - Eden Area, P.O. Box 2234, Castro Valley, 94546</td>
<td>4+p</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td>Non-partisan voter registration &amp; civic engagement organization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**
   - I have read and understand FGPA Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature of Agency Head or Designee: Sarah Oddie
   - Supervisor's Assistant: Title
   - Date: 01.31.2018

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 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) 01 / 10 / 18
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
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:

Bernstein, Ruth 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue...

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

Non-Profit Housing Association, 369 Pine St. #350, San Francisco 94104 2 To reward a school or nonprofit organization for its contributions to the community

Affordable housing advocates

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

Signature of Agency Head or Designee
Sarah Oddie
Supervisor's Assistant
Print Name Title
01.31.2018

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
   Date(s) 01 / 23 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

   B. Name of Individual | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Herndon, Peggy 2
   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 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: 01.31.2018
   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  
**Date(s)**  
01 / 23 / 18  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☑  
If yes: Golden State Warriors  
**Name of Source**  
Name of Source: 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**

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

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

<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>Garling, Angie</td>
<td>2+p</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></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2+p</td>
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**C. Name of Outside Organization (Include address and description)**

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<tr>
<th>Name of Outside Organization (Include address and description)</th>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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</table>

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**4. Verification**

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

Signature of Agency Head or Designee  
Sarah Oddie  
**Print Name**  
**Title**  
01.31.2018  
(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 (510) 272-6693
E-mail sarah.oddie@acgov.org

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $304.80 ticket/$30 park
Event Description Basketball Game
Provide Title/Explanation
Date(s) 01/25/18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></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>Peck, Kim</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td>Garcia, Jane</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</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 reviewed 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
Superior’s Assistant
Title
01.31.2018 (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 ☐
   Face Value of Each Ticket/Pass $ 100
   Event Description: The Great Xscape tour
   Date(s): 01/05/18
   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:
   Boykins-Baptiste, Linda 2
   To reward a community volunteer for his or her service to the public

   C. Name of Outside Organization
   (Include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   The East Oakland Collective, P.O. Box 5382, Oakland, CA 94605
   2
   To reward a school or nonprofit organization for its contributions to the community
   Community organization dedicated to empowering residents of East Oakland

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

   Signature of Agency Head or Designee
   Sarah Oddie  Supervisor's Assistant
   Print Name  Title
   (Month, Day, Year)
   01.31.2018

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ $60
   Event Description The Original Harlem Globetrotters
   Date(s) 01 / 13 / 18
   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:
   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
   Trybe, Inc., 2000 Park Blvd, Oakland, CA 94606 4 To reward a school or nonprofit organization for its contributions to the community
   Community building nonprofit in Oakland providing youth & family services

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Sarah Oddie
   Supervisor’s Assistant Print Name 01.31.2018
   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 $ 60
   Event Description The Original Harlem Globetrotters
   Date(s) 01 / 20 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      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 Recreation & Parks Dept, 2226 Santa Clara Ave, Alameda 94501
      4 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
      Manages parks & provides recreational opportunities for City of Alameda

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 ____________________________
   Print Name ____________________________
   Title ____________________________
   (Month, Day, Year)
   01.31.2018

Comment: ____________________________

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