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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $137.50
   Event Description Monster Energy AMA Supercross
   Date(s) 2/3/18
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   Name of Source
   If no: Golden State Warriors
   If yes: Carson, Keith - Supervisor District 5
   Was ticket distribution made at the behest of agency official? No □ Yes □

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
      BOS D1 4

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role □ Other □ Income □
      Ceremonial Role □ Other □ Income □
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role □ Other □ Income □
      Ceremonial Role □ Other □ Income □
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role □ Other □ Income □
      Ceremonial Role □ Other □ 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
   I have read and understand Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Briana Brown
   Supervisor's Assistant
   Print Name
   Title
   Date Stamp 3/13/18

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

1. Agency Name
Alameda County

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

Date Stamp

California Form 802
For Official Use Only

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

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

Face Value of Each Ticket/Pass $ 304.80

Event Description Suns
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Carson, Keith- Supervisor District 5

3. Recipients

A. [Use Section A to identify the agency’s department or unit.]

<table>
<thead>
<tr>
<th>Number of Ticket(s)/</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass(es)</td>
<td></td>
</tr>
<tr>
<td>BOS D5</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development;</td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

B. [Use Section B to identify an individual.]

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>

C. [Use Section C to identify an outside organization.]

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

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

Signature of Agency Head or Designee
Briana Brown

Print Name
Supervisor’s Assistant

Title

3/13/18 (Month, Day, Year)

Comment: + Packing 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)
   Briana Brown
   E-mail briana.brown2@acgov.org
   Area Code/Phone Number 5102726685

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $60
   Event Description WWE Road to Wrestle Mania
   Date(s) 2/11/18
   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: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)

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

   A. [Name of Individual or Department]
      Number of Ticket(s)/Pass(es)
      Description of public purpose made pursuant to the agency's policy

   B. Name of Individual
      Zeke Valdez
      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

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 Title 3/13/18
   (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)
   Briana Brown
   Area Code/Phone Number 5102726695
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Night of Hope Joel Osteen
   Face Value of Each Ticket/Pass $ 60
   Date(s) 2 / 9 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith-Sue District B
   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.**
   Number of Ticket(s)/Pass(es) 4
   Describe the public purpose made pursuant to the agency's policy
   To reward a County employee for his or her exemplary service to the public or to encourage staff development;

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

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) 3/13/18

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)
Briana Brown
Area Code/Phone Number 5102726695
E-mail briana.brown2@acgov.org

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)
Date of Original Filing: (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: Monster Jam
Provide Title/Explanation
Date(s) 2/17/18 2/18/18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
If yes: Carson, Keith-Supervisor D5
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A.</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bos D5</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashley Tilles</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understood FPPC Regulations 18944. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Briana Brown
Print Name: Supervisor's Assistant: 3/13/18

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):**
   - Briana Brown

   **Area Code/Phone Number**
   - 5102726695

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Face Value of Each Ticket/Pass $** 304.80
   - **Date(s)** 2/22/18
   - **Event Description** [Clippers]
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **If no: Golden State Warriors**
     - **Name of Source**
   - **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
   - **If yes: Carson, Keith - Supervisor District 5**
     - **Official’s Name (Last, First)**

3. **Recipients**
   - **A. Name of Agency, Department (If Applicable)**
     - **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**
     - **Peter Pan CoOp**
     - **Play based parent cooperative**
     - 4
     - To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev

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

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

   **Supervisor’s Assistant Print Name**
   - Supervisor’s Title

   **Date**
   - 3/13/18

   **Comment:** Parking Pass

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**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
</tr>
<tr>
<td>Board of Supervisors</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
</tr>
<tr>
<td>Briana Brown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>5102726695</td>
<td><a href="mailto:briana.brown2@acgov.org">briana.brown2@acgov.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy? Yes ☑ No ☐</td>
</tr>
<tr>
<td>Event Description</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official? No ☐ Yes ☑</td>
</tr>
</tbody>
</table>

| Face Value of Each Ticket/Pass $ | 304.80 |
| Date(s) | 2 / 6 / 18 |

<table>
<thead>
<tr>
<th>Name of Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden State Warriors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Source (Last, First)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith- Supervisor District 5</td>
</tr>
</tbody>
</table>

### Recipients

**A.**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOS D5</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.**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keith Carson</td>
<td>3</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

| Description: To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy; |

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

**C.**

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

| Description: |

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

### Verification

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

Signature of Agency Head or Designee

Briana Brown

Supervisor's Assistant

Print Name

Title

Comment: +4 Parking Passes
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- Alameda County

### Division, Department, or Region (If Applicable)

- Board of Supervisors

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

### Area Code/Phone Number
- 5102726695

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

### 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 [x] No [x]

- **Event Description**
  - Mavrick
  - Provide Title/Explanation

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

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

- **Face Value of Each Ticket/Pass $**
  - 304.80

- **Date(s)**
  - 2 / 10 / 18

### If no: Golden State Warriors

- **Name of Source**

### If yes: Carson, Keith  Supervisor District 5

- **Official’s Name (Last, First)**

### 3. Recipients

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

<table>
<thead>
<tr>
<th>A.</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. | Number of Ticket(s)/Pass(es) | Identify one of the following: | Income [ ]
|    |                              | Ceremonial Role [ ] Other [ ]                                |
|    |                              | If checking “Ceremonial Role” or “Other” describe below:     |
|    |                              | Ceremonial Role [ ] Other [ ]                                |
|    |                              | If checking “Ceremonial Role” or “Other” describe below:     |

<table>
<thead>
<tr>
<th>C.</th>
<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>East Bay Innovations</td>
<td>4</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und</td>
</tr>
<tr>
<td></td>
<td>help persons with disabilities live and work independently in their communities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

I have read and understand FPPC Regulations 19844 1 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.

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

**Comment:** Parking Pass

**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

   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. Dallas Mavericks
   Provide Title/Explanation
   Date(s) 02 / 08 / 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 ☐
   Sayid, Naziam
   4/1
   To reward a community volunteer for his service to the public
   Ceremonial Role ☐ Other ☐ Income ☐

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

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

   Signature of Agency Head or Designee
   Gabriela Christy
   Print Name
   Supervisor's Assistant
   (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) 272-6892
   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. SA Spurs
   Face Value of Each Ticket/Pass $ 304.80/30
   Date(s) 02 / 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.

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

   B. Name of Individual (Last, First)
   Number of Ticket(s)/ Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   - To reward a community volunteer for his service to the public
   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
   Saint Rose Hospital Foundation 27200 Calaroga Ave, Hayward, CA 94545
   2014
   - To reward a nonprofit organization for its contributions to the community
   The St. Rose Hospital Foundation helps St. Rose Hospital carry out its mission by
   raising the necessary resources needed to meet the hospital’s current and future needs

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

   Signature of Agency Head or Designee
   Gabriela Christy
   Supervisor’s Assistant
   Title
   (Month, Day, Year)

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

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

   Date Stamp
   California 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. Phoenix Suns
   Event Date(s) 02 / 12 / 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.

   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
      Hayward Chamber of Commerce 22561
      Main St, Hayward, CA 94541
      4
      To reward a nonprofit organization for its contributions to
      the community
      The goal of the chamber is to continue to
      grow and support our members, city and
      community.

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

   Signature of Agency Head or Designee ____________________________
   Print Name ____________________________
   Supervisor’s Assistant ____________________________
   Title ____________________________
   Date 12/18 (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
   Board of Supervisors
   Gabriela Christy
   (510) 272-6692

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: GS Warriors vs. LA Clippers
   Face Value of Each Ticket/Pass $ 304.80/30
   Date(s) 02 / 22 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If no: __________________________ Name of Source __________________________
   If yes: Valie, 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</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐ Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belich, Peter</td>
<td>2/1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To reward a community volunteer for his service to the public</td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head of Designee
   Gabriela Christy
   Supervisor's Assistant
   (5/12/19)
   (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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Monster Energy AMA
   Face Value of Each Ticket/Pass $137.50
   Date(s) 02 / 03 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: ____________________________
   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:

   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
      Cypress Mandela 977 66th Ave, Oakland, CA 94621
      – To reward a nonprofit organization for its contributions to the community
      The Cypress Mandela Training Center is a community based organization dedicat
      to improving the lives of the people it serves by providing pre-apprentice construction and life skills training along with emp

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
   (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

Date Stamp California Form 802

A Public Document For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 60

Event Description Night of Hope w/ Joel Osteen

Provide Title/Explanation

Date(s) 02 / 09 / 18

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

If no: ____________________________________________

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

If yes: ____________________________________________

Name of Source

Valle, Richard- Supervisor District 2

Official’s Name (Last, First)

3. Recipients

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

<table>
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<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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</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>Harris Belle, Delta</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Ceremonial Role ☐ Other ☐ Income ☐

To reward a community volunteer for her service to the public

Ceremonial Role ☐ Other ☐ Income ☐

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

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

4. Verification

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

Signature of Agency Head or Designee

Gabriela Christy

Supervisor’s Assistant

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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 $ 60
Event Description WWE Wrestlemania
Provide Title/Explanation
Date(s) 02 / 28 / 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.

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
Sunol Business Guild
4 – To reward a nonprofit organization for its contributions to the community
The Sunol Business Guild’s purpose is to “improve and maintain the Town of Sunol”, and to support local nonprofit organizations and the community of Sunol.”

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

Signature of Agency Head or Designee Gabriela Christy
Print Name
Title Supervisor’s Assistant

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 60.50
   Event Description Monster Jam
   Provide Title/Explanation
   Date(s) 02 / 17 / 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.

   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
      Newark Rotary 36665 Cedar Blvd, Newark, CA 94560
      To reward a nonprofit organization for its contributions to the community
      Newark Rotary's membership is made up of local business owners, police & fire offi
      officers, educators, city officials, lawyers, wine lovers, beer lovers, neighbors, and friends who all come together to help make our co

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: 3/12/18 (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 ☐
   Face Value of Each Ticket/Pass $ __________ 60.50
   Event Description Monster Jam
   Date(s) 02 / 18 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If yes: Vallee, Richard- Supervisor District 2
   If no: __________________________
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Name of Source __________________________

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

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

   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:
      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
      Hayward Rotary P.O. Box 629, Hayward CA 94543
      – To reward a nonprofit organization for its contributions to the community
      the Hayward Rotary Club continues to be the Hayward community’s most active
      and best known service organization.

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

   Signature of Agency Head or Designee __________________________
   Print Name __________________________
   Supervisor’s Assistant __________________________
   Title __________________________
   (Month, Day, Year) 3/12/18

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 (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 $ 60
   Event Description Disney on Ice
   Provide Title/Explanation
   Date(s) 02 / 28 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☒ 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.

   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 County employee for his/her exemplary service to the public or to encourage staff development
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

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

4. Verification
I have read and understand FPPC Regulations 18944.1 and 16942. 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
Pinn 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) 272-6653
- E-mail sarah.oddie@acgov.org

2. **Function or Event Information**

- Does the agency have a ticket policy? Yes ☒ No ☐
- Event Description Basketball Game
- Provide Title/Explanation
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

- Face Value of Each Ticket/Pass $304.80 ticket/$30 park
- Date(s) 02 / 08 / 18
- 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>
</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>Burger, Janis</td>
<td>2+p</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2+p</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

4. **Verification**

   I hereby declare and certify, under penalty of perjury under Section 18944.1 and 18942, that 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) 03.01.2018

   Comment: 

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/287-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $304.80 ticket/$30 park
   Event Description Basketball Game
   Date(s) 02/08/18
   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>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<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>Lew-Hailer, Lilly</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</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>
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<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

4. Verification
   I have filed and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor's Assistant
   03.01.2018

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Event Description: Basketball Game
     - Provide Title/Explanation:
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - Face Value of Each Ticket/Pass: $304.80 ticket/$30 park
   - Date(s): 02 / 12 / 18
   - 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>
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<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>

   | Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Romo, Martin</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue.</td>
</tr>
</tbody>
</table>
   |                                  | 2                           | Ceremonial Role ☐ Other ☐ Income ☐
   |                                  |                             | If checking “Ceremonial Role” or “Other” describe below: |

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

   Signature of Agency Head or Designee: Sarah Oddie
   - Supervisor's Assistant: Print Name
   - Title:
   - (Month, Day, Year): 03.01.2018

   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 ☐
   - 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) 02 / 12 / 18
   - If no: Golden State Warriors
   - 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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varela, Liz</td>
<td>2+p</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n) ... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2+p</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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 Sarah Oddie
   - Title Supervisor’s Assistant
   - Date (Month, Day, Year) 03.01.2018

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Face Value of Each Ticket/Pass** $304.80 ticket/$30 park
   - **Event Description** Basketball Game
   - **Date(s)**: 02 / 22 / 18
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **If no:** Golden State Warriors
   - **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]

3. **Recipients**
   - Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.
   - **A. Name of Agency, Department or Unit**
   - **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**
   - **Number of Ticket(s)/Pass(es)**
   - **Identify one of the following:** Ceremonial Role [ ] Other [ ] Income [ ]
   - **If checking "Ceremonial Role" or "Other" describe below:**
   - **To promote attendance at an event held at a County facility in order to maximize potential County revenue...**
   - **C. Name of Outside Organization**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency's policy**
   - **Trybe, 2000 Park Blvd, Oakland, CA 94606**
   - **Community-building neighborhood transformation**

4. **Verification**
   - Signature of Agency Head or Designee
   - Supervisor's Assistant
   - 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
- **Agency Name:** Alameda County
- **Division, Department, or Region:** Board of Supervisors
- **Designated Agency Contact:** Sarah Oddie
  - **Area Code/Phone Number:** (510) 272-6693
  - **E-mail:** sarah.oddie@acgov.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** WWE Live Road to Wrestlemania
- **Face Value of Each Ticket/Pass:** $60
- **Date(s):** 02 / 11 / 18
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **If no:** Golden State Warriors
  - **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
- **Number of Ticket(s)/Pass(es):**
- **Describe the public purpose made pursuant to the agency’s policy:**

#### B. Name of Individual
- **Last Name:**
- **First Name:**
- **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
- **Number of Ticket(s)/Pass(es):**
- **Describe the public purpose made pursuant to the agency’s policy:**
  - To reward a school or nonprofit organization for its contributions to the community

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

- **Signature of Agency Head or Designee:**
- **Print Name:**
- **Title:**
- **(Month, Day, Year):** 03.01.2018

**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 ☐
   Event Description Monster Jam
   Face Value of Each Ticket/Pass $60
   Date(s) 02/17/18
   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>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>
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<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>Reyes, Rocio</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></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>
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<tbody>
<tr>
<td></td>
<td></td>
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</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Sarah Oddie
   Supervisor's Assistant: Print Name
   Date: 03.01.2018
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 60.50
Event Description: Monster Jam
Date(s) 1 / 18 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: GSW
Name of Source
If yes: Haggerty, Scott
Official's Name (Last, First)

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

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

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

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

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

Signature of Agency Head or Designee
Lee Ann Fergerson
Print Name
Ticket Administrator
Ticket
Title
2/23/18
(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 E-mail
   510-272-6691 leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Supercross
   Face Value of Each Ticket/Pass $ 137.50
   Date(s) 2 / 3 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: GSW
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Haggerty, Scott
   Official's Name (Last, First)

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

   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:
   
   Steve Michaels, Stan Slate 2 To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
   
   C. Name of Outside Organization (include address and description) Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy
   

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

   Lee Ann Fergerson Ticket Administrator 2/6/18
   Signature of Agency Head or Designee Print Name Title
   (month, day, year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 137.50
   Event Description: Supercross
   Date(s)  2 / 3 / 18
   Ticket(s)/Pass(es) provided by agency?  Yes ☒ No ☐
   If no: GSW
   If yes: Haggerty, Scott
   Name of Source
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official?  Yes ☐ No ☐

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

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

   B. Name of Individual
      (Last, First)  Number of Ticket(s)/Passes  Identify one of the following:
      ________________________________  4  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  Ticket Administrator
   Print Name  Title
   2/6/18
   (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  
510-272-6691  
E-mail  
leeann.fergerson@acgov.org

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

2. Function or Event Information

Does the agency have a ticket policy?  
Yes ☒  No ☐  
Face Value of Each Ticket/Pass $ 137.50

Event Description: Supercross  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?  
Yes ☒  No ☐  
Date(s) 2 / 3 / 18

Was ticket distribution made at the behest of agency official?  
Yes ☒  No ☐  
If yes: GSW  
Name of Source

If no: Haggerty, Scott  
Official’s Name (Last, First)

3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eric Hassett, Kieran Hassett, Mark Ellsworth, Colin Ellsworth</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>Ceremonial Role ☐  Other ☐  Income ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<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  
Lee Ann Fergerson  
Ticket Administrator  
2/6/18 (month, day, year)

Print Name  
Title

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

1. Agency Name  
Alameda County  

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

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

Area Code/Phone Number  
(510) 272-6694  

E-mail  
obosdist4@acgov.org

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☒ No ☐  
Face Value of Each Ticket/Pass $60

Event Description:  
Disney on Ice  

Date(s)  
2 / 28 / 18  

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

If no:  Coliseum Authority  
Name of Source  
Miley, Nathan  
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>A. 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 (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐  

Abalos, Arnel  
4  

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

<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  
02/20/18  
(month, day, year)

Comment:  

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 4
   Designated Agency Contact (Name, Title)
   Nathan Miley, Supervisor
   Area Code/Phone Number
   (510) 272-6694
   E-mail
   bosdist4@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 304.80
   Event Description: Warriors Tickets
   Date(s) 2 / 24 / 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? Yes ☐ No ☒ If yes: Miley, Nathan
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a community volunteer for his or her service to the public.
      Stark, David 2

   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:
      To reward a county employee for his or her exemplary service to the public.
      Cox, Marcus 2

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
   02/20/18
   Signature of Agency Head or Designee
   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, District 4
Designated Agency Contact (Name, Title)
Nathan Miley, Supervisor
Area Code/Phone Number
(510) 272-6694
E-mail
bosdist4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? 
Yes ☑ No ☐
Face Value of Each Ticket/Pass $304.80
Event Description: Warriors Tickets
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Date(s) 2/24/18
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
If yes: Golden State Warriors
Name of Source
If no: Nathan 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>
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<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunlap, Kamika</td>
<td>2</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 county employee for his or her exemplary service to the public.</td>
</tr>
</tbody>
</table>

| Miley, Nathan         | 1                          | 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 |

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

Signature of Agency Head or Designee
Nathan Miley
Print Name
Supervisor
Title
02/20/18 (month, day, year)

Comment: 

FPPC Form 802 (2/2016)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
3. **Recipients**

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

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

| B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:  
Ceremonial Role □  Other □  Income □ |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexander, Toni</td>
<td>1</td>
<td>To promote attendance at a county sponsored event or event held at a county facility</td>
</tr>
<tr>
<td>Moore, Chuck</td>
<td>4</td>
<td>To promote attendance at a county sponsored event or event held at a county facility</td>
</tr>
<tr>
<td>Spering, Jim</td>
<td>2</td>
<td>To promote attendance at a county sponsored event or event held at a county facility</td>
</tr>
<tr>
<td>Crawford, Marc</td>
<td>4</td>
<td>To promote attendance at a county sponsored event or event held at a county facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
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FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 4
   Designated Agency Contact (Name, Title)
   Nathan Miley, Supervisor
   Area Code/Phone Number E-mail
   (510) 272-6694 bosdist4@acgov.org

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 304.80
   Event Description: Warriors Tickets
   Date(s) 2/22/18
   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? 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>
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<tr>
<th>Name of Agency, Department or Unit</th>
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<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>Chew, Chonita</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></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>

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

   Signature of Agency Head or Designee: ____________________________
   Nathan Miley Print Name: ____________________________
   Supervisor Title: ____________________________
   02/20/18 (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, District 4

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

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

**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:** $304.80

- **Event Description:**
  - Warriors Tickets

- **Date(s):**
  - 2 / 12 / 18
  - / / 

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

- **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 [ ]

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

- Ceremonial Role [ ]
- Other [ ]
- Income [ ]

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

#### C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency’s policy
- United Seniors of Oakland and Alameda County
  - 4
  - To reward a school or nonprofit organization for its contributions to the community

---

### 4. Verification

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

---

**Signature of Agency Head or Designee:**

**Print Name:**

**Title:**

**Date:**

(month, day, year)

Comment:

---

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

**1. Agency Name**
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors, District 4

**2. Function or Event Information**
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 304.80
Event Description: Warriors Tickets
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 2 / 8 / 18
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
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)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunlap, Kamika</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a county volunteer for his or her exemplary service to the public</td>
</tr>
</tbody>
</table>

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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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**4. Verification**
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Nathan Miley
Print Name: Nathan Miley
Title: Supervisor
Date: 02/20/18

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 4
   Designated Agency Contact (Name, Title)
   Nathan Miley, Supervisor

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 304.80
   Event Description: Warriors Tickets
   Date(s)  1 / 25 / 18
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official?  Yes ☑ No ☐
   If yes: Miley, Nathan
   Official’s Name (Last, First)

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

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

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

   C. Name of Outside Organization (Include address and description)
      Number of Ticket(s)/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
   Date Stamp  California Form 802
   For Official Use Only
   Amendment (Must Provide Explanation in Part 3.)
   Date of Original Filing:  (month, day, year)

   Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 4
   Designated Agency Contact (Name, Title)
   Nathan Miley, Supervisor
   Area Code/Phone Number
   (510) 272-6694
   E-mail
   bosdist4@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $304.80
   Event Description: Warriors Tickets
   Date(s) 1/23/18
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackney, Carl</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>C. 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>
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<tbody>
<tr>
<td>(Include address and description)</td>
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Nathan Miley
Supervisor
02/20/18
(month, day, year)

Signature of Agency Head or Designee
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, District 4
Designated Agency Contact (Name, Title)
Nathan Miley, Supervisor
Area Code/Phone Number (510) 272-6694
E-mail bosdist4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $304.80
Event Description: Warriors Tickets
Date(s) 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? Yes ☒ No ☐
If yes: Miley, Nathan
Official’s Name (Last, First)

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

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<tr>
<td>Neideffer, Martin</td>
<td>4</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>
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Signature of Agency Head or Designee: Nathan Miley
Print Name
Title: Supervisor
Date of Original Filing: 02/20/18
(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:** bosdist4@acgov.org  
**Date of Original Filing:** (month, day, year)

1. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]  
   - Face Value of Each Ticket/Pass $304.80  
   - Event Description: Warriors Tickets  
   - Date(s) 1/8/18  
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]  
   - If no: Golden State Warriors  
   - Was ticket distribution made at the behest of agency official? Yes [x] No [ ]  
   - Name of Source: Miley, Nathan  
   - Official’s Name (Last, First)

2. **Recipients**
   - Use Section A to identify the agency's department or unit.  
   - Use Section B to identify an individual.  
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| B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:  
Ceremonial Role [ ] Other [ ] Income [ ] |
|-------------------------------------|-----------------------------|---------------------------------------------------------------|
| Pete, Geoffrey                      | 4                           | To reward a community volunteer for his or her service to the public.  
|                                      |                             | Ceremonial Role [ ] Other [ ] Income [ ]  
|                                      |                             | If checking “Ceremonial Role” or “Other” describe below: |

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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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   - Nathan Miley  
   - Supervisor  
   - 02/20/18 (month, day, year)

   - Signature of Agency Head or Designee

   - Comment: