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: Oakland A's vs. LA Angels
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: ________________________________
If yes: ________________________________
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)
Face Value of Each Ticket/Pass $ 27.00
Date(s) 03 / 29 / 18 03 / 30 / 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)/Pass(es)
Describe the public purpose made pursuant to the agency's policy

B. Name of Individual
(First, Last)
Number of Ticket(s)/Pass(es)
Identify one of the following:
- Ceremonial Role ☐ Other ☐ Income ☐
If choosing "Ceremonial Role" or "Other" describe below:
- Ceremonial Role ☐ Other ☐ Income ☐
If choosing "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
City of Hayward
777 B Street Hayward, CA 94541
4
- To reward a school or nonprofit organization for its contributions to the community
We are committed to enhancing the quality of life in our city by maintaining partnerships with our diverse community, together creating safe and cohesive neighborhoods.

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: Supervisors Assistant
Title: 4/10/18 (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)
   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 $ 27.00
   Event Description Oakland A's vs. LA Angels
   Date(s) 03/31/18
   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: 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>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></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>City of Hayward 777 B Street Hayward, CA 94541</td>
<td>2</td>
<td>- To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>We are committed to enhancing the quality of life in our city by maintaining partnerships with our diverse community, together creating safe and cohesive neighborhoods.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understood FPPC Provisions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy
   Supervisor's Assistant
   Signature of Agency Head or Designee
   4/10/2012

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 304.80/30
   Event Description GS Warriors vs. Sacramento Kings
   Date(s) 03 / 16 / 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:
      Alvarado, Carina
      To reward a community volunteer for his or her service to the public
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and 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
   Print Name
   Title
   (Month, Day, Year)

Comment:

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

1. Agency Name
Alameda County
Board of Supervisors

Designated Agency Contact (Name, Title)
Gabriela Christy
(510) 272-6692
Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 304.80/30
Event Description GS Warriors vs. Atlant ☐
Provide Title/Explanation
Date(s) 03 / 23 / 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>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>Buckley, Josh</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee: Gabriela Christy
Print Name: Supervisor’s Assistant
Title: 4/10/2018
(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)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 304.80/30
   Event Description GS Warriors vs. Utah Jazz
   Provide Title/Explanation
   Date(s) 03 / 25 / 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: Valerie, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have read and 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: 9/10/2013
(Month, Day, Year)

Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name: Alameda County
Division, Department, or Region (if Applicable): Board of Supervisors
Designated Agency Contact (Name, Title): Gabriela Christy
Area Code/Phone Number: (510) 272-6692
E-mail: Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: GS Warriors vs. Indiana Pacers
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $ 304.80/30
Date(s): 03 / 27 / 18
Name of Source: Vaile, 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 ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>Eden Youth and Family Center 680 Tennyson Rd, Hayward, CA 94544</td>
<td>4</td>
<td>to reward a nonprofit for its contributions to the community</td>
</tr>
<tr>
<td>Eden Youth and Family Center is a 501(c)3 nonprofit founded in 1977 with a mission to provide and support a comprehensive array of services for the children, youth and families throughout ACCounty</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Comment: 11/0/2018

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

1. Agency Name
   Alameda County

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Gabriela Christy

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 304.80/30
   Event Description GS Warriors vs. Milwaukee
   Provide Title/Explanation
   Date(s) 03 / 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? 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
      Collette, Cheryl
      -- To reward a community volunteer for his service to the public
      Collette, Tom

   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
   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 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 ☐ 
Face Value of Each Ticket/Pass $ __________ 60
Event Description
Disney on Ice presents: Follow Your Dreams Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: ____________________________
Date(s) __03__/01/18 __03__/02/18
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Valle, Richard- Supervisor District 2
Name of Source ____________________________ Official’s Name (Last, First) __________

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

<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>Ameperosa, Robin</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 employee for 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)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>alameda county deputy sheriff's association 6689 Owens Dr, Pleasanton,</td>
<td>4</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>The Deputy Sheriffs' Association of Alameda County was founded in 1940 as</td>
<td></td>
<td>a way to ensure the deputies received the tools they needed to better serve and protect the public.</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee ____________________________
Signature ____________________________ Print Name ____________________________
Supervisor’s Assistant ____________________________ Title ____________________________
(Date) __10_/2018 ____________________________

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

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

**Division, Department, or Region (if Applicable)**

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

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

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

**Date Stamp**

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Event Description**
  - Disney on Ice presents: Follow your <3

- **Face Value of Each Ticket/Pass** $60
- **Date(s)**
  - 03 / 03 / 18

- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
  - **If no:** ____________________________
  - **Name of Source:** ____________________________

- **Was ticket distribution made at the behest of agency official?**
  - Yes [X] No [ ]
  - **If yes:**
    - **Name of Source:** Valle, Richard - Supervisor District 2
    - **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):** Archeleta, Raquel
  - **Number of Ticket(s)/Pass(es):** 4
  - **Identify one of the following:**
    - **Ceremonial Role [ ] Other [ ]**
      - To reward a community volunteer for his or her service to the public
    - **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**

**Print Name**

**Supervisor’s Assistant**

**Title**

**Date:** 1/10/2018

**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
- **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:** Disney on Ice presents: Follow your <3
- **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) 03 / 4 / 18**

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

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

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

<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>Alameda County Democratic Central Committee</td>
<td>4</td>
<td>- To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>The Alameda County Democratic Party coordinates the party’s activities through</td>
<td></td>
<td>the county, making endorsements, organizing events and directing resources to support local, state and national candidates</td>
</tr>
</tbody>
</table>

### 4. Verification
- **Signature of Agency Head or Designee:**
- **Print Name:** Gabriela Christy
- **Title:** Supervisor’s Assistant
- **Date (Month, Day, Year):** 4/10/2018

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

### 1. Agency Name
Alameda County

Division, Department, or Region (if Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)
Gabriela Christy

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

### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☒ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
<td>60</td>
</tr>
<tr>
<td>Event Description</td>
<td>Disney on Ice presents: Follow your &lt;3</td>
</tr>
<tr>
<td>Date(s)</td>
<td>03 / 4 / 18</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td>If no:</td>
<td>Name of Source</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☐ Yes ☒</td>
</tr>
<tr>
<td>If yes:</td>
<td>Valle, Richard- Supervisor District 2</td>
</tr>
<tr>
<td></td>
<td>Official’s Name (Last, First)</td>
</tr>
</tbody>
</table>

### 3. Recipients

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (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 “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>

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Democratic Central Committee</td>
<td>4</td>
<td>- To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>The Alameda County Democratic Party coordinates the party’s activities through</td>
<td></td>
<td>the county, making endorsements, organizing events and directing resources to support local, state and national candidates</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: ____________________________

(Month, Day, Year): 4/10/2018

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  (510) 272-6692
   E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 150
   Event Description Lorde
   Date(s) 03 / 13 / 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
      Alameda County Democratic Central Committee
      The Alameda County Democratic Party coordinates the party's activities through

4. Verification
   I have read and understand FPPC Regulations 18944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

   Date 4/10/2018
   (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)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $150
   Event Description Pepe Aguilar
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 03 / 09 / 18
   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:
   Turner, Joan | 4 | Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   – To reward a community volunteer for her service to the public
   ____________________________
   ____________________________
   ____________________________

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

4. Verification
   I 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: 4/10/2018

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

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

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $1000
   Event Description: Michelle Obama
   Provide Title/Explaination
   Date(s) 03 / 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**
   Name 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:
   Trullinger, Rick 2 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) Name of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
   Young Dems of Alameda County 2
   To reward a nonprofit organization for its contributions to the community
   (Handwritten note: Alameda County Young Democrats)

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) 4/10/2018

Comment: ____________________________________________________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## 1. Agency Information

- **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:** Disney on Ice
- **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):** 3/1/18

   **Provide Title/Explanation:**
   - **If no:** Golden State Warriors
   - **Name of Source:** Chan, Wilma
   - **Official's Name (Last, First):**

## 3. Recipients

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>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 ☐ (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>SAHA - 1835 Alcatraz Ave, Berkeley, CA 94703</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Nonprofit affordable housing developer</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 (Agency Head or Designee):**
- **Print Name:** Sarah Oddie
- **Title:** Supervisor's Assistant
- **Date:** 03/30/2018

**Comment:**

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

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

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

   San Leandro Boys & Girls Club, 401 Marina Blvd, San Leandro, CA 94577
   - 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: Sarah Oddie
   - Supervisor’s Assistant: Supervisor’s Name
   - Title: Supervisor’s Title
   - Date (Month, Day, Year): 03.30.2018

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

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

Date Stamp
California Form 802
For Official Use Only

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
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 3 / 3 / 18
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Golden State Warriors
Name of Source
If no: Chan, Wilma
Official's Name (Last, First)

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

<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>Brown, Maddie</td>
<td>4</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>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee
Sarah Oddie
Print Name
Supervisor's Assistant
Title
03.30.2018
(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
Amendment (Must provide explanation in Part 3.)
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? 
Yes ☒ No ☐ 
Face Value of Each Ticket/Pass $ 150
Event Description: Lorde
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: 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>Zimmerman, Maud</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand EPPC 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
03.30.2018

Comment: 
FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 1. Agency Name

**Alameda County**

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

Board of Supervisors

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

Sarah Oddie

**Area Code/Phone Number**

(510) 272-6693

**E-mail**

sarah.oddie@acgov.org

### 2. Function or Event Information

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

**Face Value of Each Ticket/Pass** $1000

**Event Description**

Michelle Obama

**Provide Title/Explanation**

**Date(s)** 3 / 28 / 18

**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?** Yes [x]  No [ ]

**If yes:** Chan, Wilma

**Official’s Name (Last, First)**

### 3. Recipients

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

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

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

**B. Name of Individual**

**Last Name**

Lam, Marianne

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Ceremonial Role [x]  Other [ ]  Income [ ]</td>
</tr>
</tbody>
</table>

**To promote attendance...event held at a County facility...maximize potential County revenue...concession sales**

**Kubo, Theresa**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Ceremonial Role [ ]  Other [ ]  Income [ ]</td>
</tr>
</tbody>
</table>

**To promote attendance...event held at a County facility...maximize potential County revenue...concession sales**

**C. Name of Outside Organization**

**Include address and description**

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

### 4. Verification

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

Signature of Agency Head or Designee: Sarah Oddie

Supervisor’s Assistant: 03.30.2018

Print Name: Supervisor’s Title

(Month, Day, Year)

Comment: ______________________________________________________

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

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

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

   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 [ ]
   Face Value of Each Ticket/Pass $304.80 ticket/$30 park
   Event Description: Basketball Game
   Date(s) 3 / 16 / 18
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

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

   C. Name of Outside Organization (Include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy
   Friends of Chabot College, 25555 Hesperian Blvd, Hayward, CA 94545
   2+p
   To reward a school or nonprofit organization for its contributions to the community
   Community college support

4. Verification
   I (Sarah Oddie) 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
   03.30.2018 (Month, Day, Year)

   Comment: ________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (666/275-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions 

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

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☒ No ☐  
Face Value of Each Ticket/Pass $304.80 ticket/$30 park  
Event Description Basketball Game  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  
Date(s) 3/23/18  
If no: Golden State Warriors  
Name of Source  
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒  
If yes: Chan, Wilma  
Official's Name (Last, First)  

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louie Howard, Angela</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</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>Rebuilding Together Oakland, 230 Madison St Suite 1E, Oakland, CA 94607</td>
<td>2+p</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 6PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature: Sarah Oddie  
Print Name  
Supervisor’s Assistant  
Title  
03.30.2018 (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

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) 3 / 25 / 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)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Brown, Carol 2+p
      To promote attendance at a(n)... 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

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
   03.30.2018
   Print Name
   Title
   (Month, Day, Year)

   Comment: ____________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $304.80 ticket
   Event Description: Basketball Game
   Date(s): 3 / 25 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Chan, Wilma

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

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

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

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

4. Verification
   I hereby attest 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: 03.30.2018
   (Month, Day, Year)
   Print Name: Supervisor's Title:

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

#### 1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Sarah Oddie

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

Date Stamp
California Form 802

[ ] Amendment (Must provide explanation in Part 3.)

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

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

Event Description 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) 3/27/18 /

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>Bakar, Anne</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<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>Self-Help for the Elderly, 2400 MacArthur Boulevard, Oakland, CA 94602</td>
<td>2+p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Senior supportive organization in Oakland</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.

Sarah Oddie Supervisors Assistant 03.30.2018

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

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Sarah Oddie

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

Date Stamp
California Form 802
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ __________

Event Description: Basketball Game

Date(s) __________

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 ☐

Guillermo, Teresa

2

To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

2

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

Number of Ticket(s)/Pass(es)

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

Alameda Boys & Girls Club, 1900 3rd St, Alameda, CA 94501

2+p

To reward a school or nonprofit organization for its contributions to the community

Young program organization in Alameda

4. Verification

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

Sarah Oddie

Signature of Agency Head or Designee

Print Name

Supervisor's Assistant

Title

03.30.2018
(Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $78
   Event Description: Baseball game
   Date(s): 03/30/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Chan, Wilma

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      - Ceremonial Role ☐ Other ☐ Income ☐
        If checking "Ceremonial Role" or "Other" describe below:
        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
      SAHA - 1835 Alcatraz Ave., Berkeley, CA 94703
      3
      To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I have read and understand Government Code Regulations 18941 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: Sarah Oddie
   Title: Print Name: Sarah Oddie
   Date: 04.02.2018

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

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

   - Date Stamp
   - California Form 802
   - For Official Use Only
   - Amendment (Must provide explanation in Part 3.)
   - Date of Original Filing: 

2. **Function or Event Information**

   - Does the agency have a ticket policy? 
     - Yes ☑ No ☐
   - Face Value of Each Ticket/Pass $35
   - Event Description: Baseball game
   - Provide Title/Explanation: 
   - Date(s): 03/30/18
   - Ticket(s)/Pass(es) provided by agency? 
     - Yes ☐ No ☑
   - If no: Oakland A’s
   - If yes: Chan, Wilma
   - Name of Source
   - Was ticket distribution made at the behest of agency official? 
     - No ☐ Yes ☑
   - Official’s Name (Last, First)

3. **Recipients**

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

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

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

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

4. **Verification**

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

   Signature of Agency Head or Designee: Sarah Oddie

   Supervisor’s Assistant: 
   - Print Name
   - Title
   - Date: 04.02.2018

   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)
   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 $35
   Event Description Baseball game
   Date(s) 03 / 31 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bazely, Michael</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></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 ____________________________
   Supervisor's Assistant ____________________________
   Title ____________________________
   04.02.2018 (Month, Day, Year)
   Comment: ____________________________

FPPC Toll-Free Helpline: 886/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)
   Lee Ann Fergerson, Ticket Administrator
   Area Code/Phone Number: 510-272-6691
   E-mail: leeanne.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Disney on Ice
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $304.80
   Date(s): 3 / 1 / 18
   Name of Source
   If no: GSW
   If yes: Haggerty, Scott

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Lee Ann Fergerson
   Print Name: Ticket Administrator
   Title: 3/1/18 (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, Ticket Administrator
   - **Area Code/Phone Number**
   - 510-272-6691
   - **E-mail**
   - leeann.fergerson@acgov.org
   - **Date Stamp**
   - California Form 802
   - For Official Use Only
   - **Amendment** (Must Provide Explanation in Part 3.)
   - **Date of Original Filing:**

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes ☒ No ☐
   - **Event Description:** DISNEY ON ICE
   - **Face Value of Each Ticket/Pass** $60.00
   - **Date(s)**
     - 2/18
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes ☒ No ☐
   - **If no:**
     - GSW
     - **Name of Source**
     - Haggerty, Scott
     - **Official’s Name (Last, First)**
   - **Was ticket distribution made at the behest of agency official?**
     - Yes ☒ No ☐

3. **Recipients**
   - *Use Section A to identify the agency’s department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.
   - **A. Name of Agency, Department or Unit**
     - DISTRICT 1 BOS
     - **Number of Ticket(s)/Passes**
     - 3
     - **Describe the public purpose made pursuant to the agency’s policy**
     - To reward a County employee for his or her exemplary service to the public or to encourage staff development
   - **B. Name of Individual (Last, First)**
     - **Number of Ticket(s)/Passes**
     - **Identify one of the following:**
     - Ceremonial Role ☐ Other ☐ Income ☐
     - **If checking “Ceremonial Role” or “Other” describe below:**
     - Ceremonial Role ☐ Other ☐ Income ☐
     - **If checking “Ceremonial Role” or “Other” describe below:**
   - **C. Name of Outside Organization (Include address and description)**
     - **Number of Ticket(s)/Passes**
     - **Describe the public purpose made pursuant to the agency’s policy**

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Signature of Agency Head or Designee**
   - **Print Name**
   - **Ticket Administrator**
   - **Title**
   - **Date:** 3/7/18
   - **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
   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 $60.00
   Event Description: DISNEY ON ICE
   Date(s) 3 / 4 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: GSW
   Name of Source
   If yes: Haggert, Scott
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLERK OF THE BOARD OF SUPERVISORS</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>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐   Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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

   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Print Name
   Ticket Administrator
   3/7/18
   (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, Ticket Administrator
Area Code/Phone Number 510-272-6691
E-mail leeanann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: DISNEY ON ICE
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
Face Value of Each Ticket/Pass $60.00
Date(s) 3 / 2 / 18 3 / 3 / 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.

<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>CLERK OF THE BOARD OF SUPERVISORS</td>
<td>8</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 Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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

Lee Ann Fergerson  Ticket Administrator  3/7/18
Print Name Title (month, day, year)

Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Warriors vs Brooklyn Nets basketball
   Face Value of Each Ticket/Pass $304.80
   Date(s) 3 / 6 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   Name of Source
   If yes: Haggerty, Scott
   Official’s Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOPCON 7400 National Dr, Livermore, CA 94550</td>
<td>20/4</td>
<td>To reward a community volunteer for his or her service to the public.</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Ticket Administrator
   3/8/18 (month, day, year)
   Comment: Topcon serves and supports our global and local community through event sponsorship, investment in local non-profits, volunteerism, employment and product donations.

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐  Face Value of Each Ticket/Pass $ 560
Event Description: Pepe Aguilar y Familia - concert
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐  Date(s) 3 / 9 / 18
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If no: OAKLAND COLISEUM
If yes: HAGGERTY, SCOTT

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

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

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Martha Espinoza</td>
<td>4</td>
<td>To reward a Community volunteer for his or her service to the public.</td>
</tr>
</tbody>
</table>

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

4. Verification
I have 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  3/9/18
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
   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 $1,000.00
   Event Description: Michelle Obama
   Date(s) 3/28/18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: GSW
   Name of Source
   If yes: Haggerty, Scott
   Official’s Name (Last, First)

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with
   Signature of Agency Head or Designee: Lee Ann Fergerson
   Print Name: Ticket Administrator
   Title
   Date 3.27.2018
   (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)
Lee Ann Fergerson, Ticket Administrator

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

Date Stamp
California Form 802
For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

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

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

Face Value of Each Ticket/Pass $ 1,000.00

Event Description: Michelle Obama

Date(s) 3 / 28 / 18

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

If no: GSW

If yes: Haggert, 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.

<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>DISTRICT 5</td>
<td>2</td>
<td>To reward a county employee for his or her exemplary service to the public</td>
</tr>
</tbody>
</table>

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

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

Lee Ann Fergerson
Ticket Administrator
3.27.2018 (month, day, year)

Comment: ☐ ☒
### 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 [x] No [ ]

**Event Description**

Warriors

**Ticket(s)/Pass(es) provided by agency?**

Yes [ ] No [x]

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

**Date(s)** 03 / 08 / 18

**If no:**

Golden State Warriors

**Name of Source**

**Was ticket distribution made at the behest of agency official?**

No [ ] Yes [x]

### 3. Recipients

- **A. Name of Agency, Department or Unit**: BOS. D5
  - **Number of Ticket(s)/Pass(es)**: 15
  - **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**
  - **Keith Carson**
  - **Number of Ticket(s)/Pass(es)**: 3
  - **Ceremonial Role** [ ] Other [ ]
  - **Income** [ ]
  - **To promote tourism as a form of economic development**
  - **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 Regulations 18941 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**

03/31/2018

(Month, Day, Year)

**Comment**: Parking Passes $30

FPPC Form 802 (4/12)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $384.80
   Event Description Warriors
   Date(s) 03/16/18
   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 ☒

3. Recipients
   • Use Section A to identify the agency's department or unit. 
   • Use Section B to identify an individual. 
   • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a community volunteer for his or her service to the public
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
   C. Name of Outside Organizations (Include address and descriptions)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Briana Brown
   Supervisor's Assistant
   03/31/2018
   Comment: Parking Pass $30

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Warriors
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $304.80
   Date(s) 03/23/18
   Name of Source: Golden State Warriors
   Official’s Name (Last, First)

3. Recipients
   Use Section D to identify an outside organization.
   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 Agency, Department or Unit)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      □ Ceremonial Role
      □ Other
      Income
      □ 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
      Chabot Elementary School 4
      To provide opportunities to those who are receiving services from County agencies consistent with the agency’s goals for the partic

4. Verification
   I have read and understood PPC 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
   03/31/2018
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ 1,000
   Event Description Michelle Obama
   Date(s) 3 / 28 / 18
   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: 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
      BOS D5. 4 To reward a County employee for his or her exemplary service to the public or to encourage staff development;

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Income ☐
      Ceremonial Role ☐ Other ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Income ☐
      Ceremonial Role ☐ Other ☐
      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, Briana Brown, have verified that the distribution set forth above, is in accordance with the requirements.
   Supervisor's Assistant 03/31/2018
   (Signature of Agency Head or Designee) (Print Name) (Title)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 886/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description A's Baseball
   Date(s) 03 / 30 / 18 3 / 31 / 18
   Face Value of Each Ticket/Pass $ 35
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith - Supervisor District 5

3. Recipients
   A. (Name of Agency, Department) BOS D5
      Number of Ticket(s)/Pass(es) 4
      Describe the public purpose made pursuant to the agency's policy
      To reward a County employee for his or her exemplary service to the public or to encourage staff development;
      BOS D5
      Number of Ticket(s)/Pass(es) 2
      Identify one of the following:
      Ceremonial Role ☐ Other ☒
      Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐
      Income ☐
      B. Name of Individual (Last, First)
         Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒
      Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      B. Name of Outside Organization
         Number of Ticket(s)/Pass(es) 4
         Describe the public purpose made pursuant to the agency's policy
         To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev

4. Verification
   Regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Briana Brown
   Supervisor's Assistant Print Name
   Title
   Date 03/31/2018
   (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)
  
Briana Brown  
Area Code/Phone Number (510)272-6695  
E-mail briana.brown2@acgov.org

2. Function or Event Information  
   Does the agency have a ticket policy? Yes ☒ No ☐  
   Face Value of Each Ticket/Pass $ 78  
   Event Description 'A's Baseball'  
   Date(s) 03/30/18 3/31/18  
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  
   If no: Oakland Athletics  
   Name of Source  
   If yes: Carson, Keith - Supervisor District 5  
   Official's Name (Last, First)

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

   A. 
<table>
<thead>
<tr>
<th>Name of Agency/Department/Division</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. 
<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>
</table>
   | Ceremonial Role ☐ Other ☒ | Income ☐  
   | Ceremonial Role ☐ Other ☐ | Income ☐  

   C. 
<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>Peralta Community College</td>
<td>4 To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev</td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee  
   Briana Brown  
   Supervisor's Assistant  
   03/31/2018  
   (Month, Day, Year)

Comment: + Parking Pass/ $20
# Ceremonial Role Events and Ticket/Pass Distributions

## 1. Agency Name
- Alameda County
- Board of Supervisors
- Designated Agency Contact: Briana Brown
  - Area Code/Phone Number: (510) 272-6695
  - E-mail: briana.brown2@acgov.org

## 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description:** A's Baseball
- **Face Value of Each Ticket/Pass:** $ 78
- **Date(s):** 03 / 30 / 18  3 / 31 / 18
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **Name of Source:**
  - If no: Oakland Athletics
  - If yes: Carson, Keith - Supervisor District 5

## 3. Recipients

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

<table>
<thead>
<tr>
<th>Name of Individual</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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Oakland Youth Center provide after school and help for youth in west oaklan</td>
<td>4</td>
<td>To provide opportunities to those who are receiving services from County agencies consistent with the agency’s goals for the partic</td>
</tr>
<tr>
<td>West Oakland Youth Center</td>
<td>18</td>
<td>To provide opportunities to those who are receiving services from County agencies consistent with the agency’s goals for the partic</td>
</tr>
</tbody>
</table>

## 4. Verification
- Briana Brown
- Supervisor’s Assistant: 03/31/2018
- Comment: + Parking Pass/ $20

---

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

1. Agency Name
   Alameda County

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒  No ☐
   Face Value of Each Ticket/Pass $ 35
   Event Description  A's Baseball
   Provide Title/Explanation
   Date(s)  03 / 28 / 18
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☒
   If no:  Oakland Athletics
   Name of Source
   If yes:  Carson, Keith - Supervisor District 5
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Public Defender  2  To reward a County employee for his or her exemplary service to the public or to encourage staff development;

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

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

4. Verification
   I hereby certify under penalties of perjury under the laws of California sections 16944.1 and 16942. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee
   Briana Brown
   Supervisor’s Assistant
   Print Name
   Title
   03/31/2018  (Month, Day, Year)

   Comment:

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

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

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No ☐
  - **Face Value of Each Ticket/Pass:** $150.00
  - **Date(s):** 3/9/18
  - **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:** Official's Name (Last, First)

#### 3. Recipients
- **Use Section A to Identify the agency's department or unit.** 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 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>

<table>
<thead>
<tr>
<th>Sam Sampson</th>
<th>4</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

**To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev**

#### 4. Verification
- **Signature of Agency Head or Designee:** Briana Brown
- **Print Name:** Briana Brown
- **Supervisor's Assistant:**
- **Print Name:**
- **Title:**
- **Date:** 03/31/2018
- **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)
Briana Brown
Area Code/Phone Number E-mail
5102726695 briana.brown2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 60
Event Description: Pepe Aguilar
Provide Title/Explanation
Date(s) 3 / 9 / 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: 
Official’s Name (Last, First)

3. Recipients

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

<table>
<thead>
<tr>
<th>Cesar Escalante</th>
<th>4</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

Briana Brown
Supervisor’s Assistant
03/31/2018
(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)**
  - **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:** Disney on Ice

- **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):** 3 / 3 / 18 & 3 / 4 / 18

- **If no:** Golden State Warriors

- **Name of Source:**

### 3. Recipients

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daisy Holden</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Kristy Oakley</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

### 4. Verification

I have reviewed and verified the information on this form. The distribution set forth above, is in accordance with the 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:** Briana Brown
- **Title:** Supervisor's Assistant
- **Date:** 03/31/2018

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

2. **Function or Event Information**
   - Does the agency have a ticket policy?
     - Yes [X] No [ ]
   - Event Description
     - Disney on Ice
   - Ticket(s)/Pass(es) provided by agency?
     - Yes [ ] No [X]
   - Face Value of Each Ticket/Pass $60
   - Date(s)
     - 3 / 01 / 18
     - 3 / 02 / 18
   - If no: 
     - Golden State Warriors
     - Name of Source
     - [ ] If yes:
     - 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**
   - Misty Cross
   - Number of Ticket(s)/Pass(es)
   - 4
   - 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

   **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
   03/31/2018
   (Month, Day, Year)

   Signature of Agency Head or Designee

   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 [X] No []
   Event Description: Warriors
   Face Value of Each Ticket/Pass $304.50
   Date(s): 03 / 27 / 18 03 / 29 / 18
   Ticket(s)/Pass(es) provided by agency? Yes [X] No []
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No [X] Yes []
   If yes: Official's Name (Last, First)

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

   B. Name of Individual[
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      Carlos Martin 4
      To reward a community volunteer for his or her service to the public;
      Derick Barbosa 4
      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

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

4. Verification
   I have read and understand FPPC regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor's Assistant
   03/31/2018
   Signature of Agency Head or Designee
   Comment: + Parking Pass
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors, District 4
   Designated Agency Contact: Nathan Miley
   E-mail: district4@acgov.org
   Phone: (510) 272-6694

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ ________
   Event Description: Warriors
   Date(s): 3/14/18
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Oakland/Alameda County Coliseum Authority
   Name of Source: Nathan Miley
   Official's Name (Last, First): 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>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>Dunalp, Kamika</td>
<td>1</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a county employee for his or her exemplary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>service to the community</td>
</tr>
<tr>
<td>Aboelata, Noha</td>
<td>2</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance at a county sponsored event or an</td>
</tr>
<tr>
<td></td>
<td></td>
<td>event hosted at a county facility</td>
</tr>
</tbody>
</table>

   | C. Name of Outside Organization     | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's     |
   | (include address and description)   |                             | policy.                                                       |
   | Goodwill of the Greater East Bay    | 4                           |                                                               |
   | 1301 30th Ave, Oakland, CA 94601   |                             | To reward a nonprofit organization for their service to the   |
   |                                      |                             | shared community                                              |

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

   Signature of Agency Head or Designee: Nathan Miley
   Print Name: Nathan Miley
   Supervisor, District 4: Nathan Miley
   (month, day, year): 04/16/2018

   Comment: [Signature or Comment]
### 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>
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<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)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexander, Toni</td>
<td>1</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance at a county sponsored event or at an event hosted in a county facility</td>
</tr>
<tr>
<td>Miley, Nathan</td>
<td>1</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance at a county sponsored event or at an event hosted in a county facility</td>
</tr>
<tr>
<td>Becton, Neisha</td>
<td>6</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance at a county sponsored event or at an event hosted in a county facility</td>
</tr>
<tr>
<td>Spering, Jim</td>
<td>2</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance at a county sponsored event or at an event hosted in a county facility</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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 4
   Designated Agency Contact (Name, Title)
   Nathan Miley
   Area Code/Phone Number E-mail
   (510) 272-6694 district4@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ __________
   Event Description: Warriors
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Date(s) 3 __/___ 16 ________/___
   If no: Oakland/Alameda County Coliseum Authority
   Name of Source Nathan Miley
   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>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wright, Duvon</td>
<td>4</td>
<td>To promote attendance at a county sponsored event or at an event hosted in a county facility</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>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></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.
   Nathan Miley
   Signature of Agency Head or Designee
   Print Name
   Supervisor, District 4
   Title
   04/16/2018 (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

   Area Code/Phone Number  E-mail
   (510) 272-6694  district4@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [ ]  No [ ]  Face Value of Each Ticket/Pass $ __________
   Event Description: Warriors
   Ticket(s)/Pass(es) provided by agency?  Yes [ ]  No [ ]
   Date(s) 3/27/18
   When did the tickets/exemption(s) occur? __________
   Name of Source
   If no: Oakland/Alameda County Coliseum Authority
   Name of Source
   If yes: Nathan Miley
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<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>Ricci, Maxine</td>
<td>4</td>
<td>Ceremonial Role [ ]  Other [ ]  Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a member of the public for his or her exemplary service to the community</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>
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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. 

   Signature of Agency Head or Designee
   Nathan Miley
   Supervisor, District 4
   04/16/2018
   (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
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: Warriors
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland/Alameda County Coliseum Authority
Name of Source
Date(s) 3/29/18
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Nathan Miley
Official’s Name (Last, First)

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

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

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

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

Beautification Council
8055 Collins Drive
Oakland, California
4
To Reward a nonprofit organization for their exemplary service to the public

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

Signature of Agency Head or Designee
Nathan Miley
Print Name
Supervisor, District 4
Title
04/16/2018
(month, day, year)

Comment:

FPPC Form 802 (2/2016)
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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
   Area Code/Phone Number E-mail
   (510) 272-6694 district4@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $60
   Event Description: Disney on Ice
   Date(s) 3 / 2 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland/Alameda County Coliseum Authority
   Name of Source
   If yes: Nathan Miley
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) Number of Ticket(s)/Passes Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   Checking “Ceremonial Role” or “Other” describe below:
   To increase attendance at a county sponsored event or an event hosted in a county facility
   Ceremonial Role ☐ Other ☐ Income ☐
   Checking “Ceremonial Role” or “Other” describe below:

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

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

   Signature of Agency Head or Designee Nathan Miley Supervisor, District 4 Date
   Print Name Title 04/16/2018 (month, day, year)

   Comment:

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

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) 3 / 3 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland/Alameda County Coliseum Authority
   Name of Source
   If yes: Nathan Miley
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
   Leocario, Brenda | 4 | Ceremonial Role ☐ Other ☐ Income ☐
   To reward a county employee for his or her exemplary service to the community
   Ceremonial Role ☐ Other ☐ Income ☐

   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, District 4
   Date: 04/16/2018

   Comment:
1. **Agency Name**
   - Alameda County
   - Board of Supervisors, District 4
   - Designated Agency Contact (Name, Title)
   - Nathan Miley

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(510) 272-6694</td>
<td><a href="mailto:district4@acgov.org">district4@acgov.org</a></td>
</tr>
</tbody>
</table>

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☐ No ☐
   - Face Value of Each Ticket/Pass $ 60
   - Date(s) 3 / 4 / 18
   - Event Description: Disney on Ice
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   - If no: Oakland/Alameda County Coliseum Authority
   - Name of Source
   - If yes: Nathan Miley
   - Official's Name (Last, First)

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

<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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</table>

| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: }
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Turner, Matt</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To reward a county employee for his or her exemplary service to the community</td>
</tr>
</tbody>
</table>

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

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<tr>
<th>Signature of Agency Head or Designee</th>
<th>Nathan Miley</th>
<th>Supervisor, District 4</th>
<th>04/16/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td></td>
<td>Title</td>
<td>(month, day, year)</td>
</tr>
</tbody>
</table>

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors, District 4
Designated Agency Contact (Name, Title)
Nathan Miley
Area Code/Phone Number E-mail
(510) 272-6694 district4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $60.50
Event Description: Pepe Aguilar
Provide Title/Explaination
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Date(s) 3 / 9 / 18
If no: Oakland/Alameda County Coliseum Authority
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Nathan Miley
Official’s Name (Last, First)

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

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

B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
Rodriguez, Coco | 4 | Ceremonial Role ☐ Other ☐ Income ☐
To increase attendance at a county sponsored event or an event hosted in a county facility
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

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

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

Signature of Agency Head or Designee: Nathan Miley Supervisor, District 4 04/16/2018
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, District 4
   Designated Agency Contact (Name, Title)
   Nathan Miley
   Area Code/Phone Number: (510) 272-6694
   E-mail: district4@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? ☐ Yes ☐ No
   Face Value of Each Ticket/Pass $ 150
   Event Description: Lorde
   Date(s) 3/13/18
   Ticket(s)/Pass(es) provided by agency? ☐ Yes ☐ No
   If no: Oakland/Alameda County Coliseum Authority
   Name of Source
   If yes: Nathan Miley
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Describe one of the following:
   Dunlap, Kamika 2
   Armstrong, Erin 2
   To reward a county employee for his or her exemplary service to the community

   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passe | 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
   Print Name: Supervisor, District 4
   Title: 04/16/2018
   (month, day, year)

   Comment: ____________________________

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Division, Department, or Region (if applicable)
Board of Supervisors, District 4
Designated Agency Contact (Name, Title)
Nathan Miley
Area Code/Phone Number E-mail
(510) 272-6694 district4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑ Face Value of Each Ticket/Pass $ 78
Event Description: Oakland A's Date(s) 3 / 30 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland/Alameda County Coliseum Authority 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>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington, Tanya</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 community</td>
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<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the conditions.

Signature of Agency Head or Designee: Nathan Miley
Print Name: Nathan Miley
Title: Supervisor, District 4
Date: 04/16/2018 (month, day, year)
Comment:

FPPC Form 802 (2/2016)
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   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 4
   Designated Agency Contact (Name, Title)
   Nathan Miley

   Area Code/Phone Number  E-mail
   (510) 272-6694  district4@acgov.org

   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 78
   Event Description: Oakland A's
   Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
   Date(s) 3/31/18
   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.

   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  Number of Ticket(s)/Passes  Identify one of the following:
   (Last, First)  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)/Passes  Describe the public purpose made pursuant to the agency's policy
   (include address and description)  United Seniors of Oakland and Alameda County  2  To reward a nonprofit organization for their service to the general public

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

   Signature of Agency Head or Designee  Nathan Miley  Supervisor, District 4  04/16/2018
   Print Name
   Title  (month, day, year)

   Comment:

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