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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $78.00
   Event Description: A's Baseball
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Date(s) 4/17/18
   If no: Oakland Athletics
   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 promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
      Ceremonial Role ☐ Other ☐ income ☐
      If checking “Ceremonial Role” or “Other” describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with law.
   Lee Ann Fergerson ☒
   Print Name
   Ticket Administrator
   Title
   6/27/18
   (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)
   Briana Brown
   Area Code/Phone Number  E-mail
   5102726695  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 ☐
   Event Description Basket Ball Game
   Face Value of Each Ticket/Pass $ 304.80
   Date(s) 04 / 1 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

   B. □ N/A
   Number of Ticket(s)/Pass(es) Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   Keith Carson 4
   If checking “Ceremonial Role” or “Other” describe below:
   □ Obtain oversight of facilities or events that have received County funding or support.
   Income ☐

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

4. Verification
   I, Briana Brown, Supervisor’s Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   □ Parking Pass
   (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)
  - **Briana Brown**
  - **E-mail:** briana.brown2@acgov.org
  - **Area Code/Phone Number:** 5102726695

## 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass:** $35
- **Event Description:** Baseball Game
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If no:** Oakland Athletics
- **If yes:**
  - **Name of Source:**
  - **Official's Name (Last, First):**

### Date(s)

4 / 5 / 18
4 / 3 / 18

## 3. Recipients

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

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

### B. **Identify one of the following:**

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

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

<table>
<thead>
<tr>
<th>Income</th>
<th>Ceremonial Role</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>To promote health, welfare and provide extended opportunities to vulnerable populations in the county such as disabled, unpatrioted, senior and youth in foster care.</td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

## 4. Verification

- **Briana Brown**
- **Date:** 03/31/2018

**Comment:** + Parking Pass
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 [X] No [ ]
   Event Description Romeo Santos
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   Face Value of Each Ticket/Pass $ 200.00
   Date(s) 04 / 06 / 18
   If no: Golden State Warriors
   Name of Source
   If yes: ______________________________
   Official's Name (Last, First)

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

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

   B. Name of Recipient (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [ ]
      To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;
      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 Regulation 18944 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor's Assistant
   May 2018
   Comment: ______________________________

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

### 3. Recipients

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

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

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

#### 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>Celia Carter (+Parking Pass)</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>
<tr>
<td>Mattena Horula</td>
<td>4</td>
<td>Income ☐</td>
</tr>
<tr>
<td>Keith Carson</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>

#### 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 Boards and Commissions (+Parking Pass)</td>
<td>4</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;</td>
</tr>
</tbody>
</table>

|                                                           |                               |                                                             |
|                                                           |                               |                                                             |
|                                                           |                               |                                                             |

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: Basket Ball Game
   - Face Value of Each Ticket/Pass $304.80
   - Date(s): 04/16/18
   - 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: 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>District 5 4</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;</td>
</tr>
</tbody>
</table>

   **B. Name of Individual**
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
</tbody>
</table>

   **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
   - May 2018

Comment: Parking Pass

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

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

<table>
<thead>
<tr>
<th>Date Stamp</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☑ No ☐  
Face Value of Each Ticket/Pass $304.80  
Event Description Basket Game  
Date(s) 04/16/18  
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 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>District 5</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>

| 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:  

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

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

<table>
<thead>
<tr>
<th>Briana Brown</th>
<th>Supervisor’s Assistant</th>
<th>May 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Title</td>
<td>(Month, Day, Year)</td>
</tr>
</tbody>
</table>

Comment: Parking Pass  

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

1. **Agency Name**
   - Alameda County
   - Division, Department, or Region (If Applicable)
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - 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
     - BaseBall Game
   - Face Value of Each Ticket/Pass $ 45
   - Date(s)
     - 4/20/18
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - If no:
     - Oakland Athletics
     - Name of Source
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   - If yes:
     - Official's Name (Last, First)

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

   **A.**
   - Name of Recipient:
     - DB
   - Number of Ticket(s)/Pass(es)
     - 2
   - Describe the public purpose made pursuant to the agency's policy
     - To reward a County employee for his or her exemplary service to the public or to encourage staff development;

   **B.**
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role ☐ Other ☐ Income ☐
     - If checking "Ceremonial Role" or "Other" describe below:

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

4. **Verification**
   - I have verified that the distribution set forth above, is in accordance with the requirements.
   - Briana Brown
   - Supervisor's Assistant
   - 03/31/2018
   - Comment: + Parking Pass

(FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-PPIC (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 brianabrown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No □
   Event Description Basket Ball Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
   If no: Golden State Warriors
   Name of Source
   Date(s) 04/24/18
   If yes: Official's Name (Last, First)

   Face Value of Each Ticket/Pass $ 304.80

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

   A. N/A
   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 revenue from parking and concession sales;

   B. N/A
   Number of Ticket(s)/Pass(es) N/A
   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. N/A
   Number of Ticket(s)/Pass(es) N/A
   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
   May 2018
   (Month, Day, Year)
   Comment: Parking Pass
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 Basket Ball Game
   Face Value of Each Ticket/Pass $304.80
   Date(s) 04 / 28 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: 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): 4
      Describe the public purpose made pursuant to the agency’s policy
      To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy:

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

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

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

Comment: * Parking Pass

Print Name: Briana Brown
Title: Supervisor’s Assistant
Date: May 2018 (Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ 0
   Event Description Baseball Game
   Provides Ticket/Explaination
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 4/28/18
   If no: Oakland Athletics
   Name of Source
   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

   B. Lisa O Boyle
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☐ Income ☐
      If "Ceremonial Role" or "Other" describe below:
      To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;
      Income ☐

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown Supervisor’s Assistant 03/31/2018
   Print Name
   Time
   (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 ☐
   Face Value of Each Ticket/Pass $ 45
   Event Description BaseBall Game
   Provide Title/Explanation
   Date(s) 4/20/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: 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

      D5 2 To reward a County employee for his or her exemplary service to the public or to encourage staff development;

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

      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

4. Verification

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

   Briana Brown
   Supervisor's Assistant
   03/31/2018

Comment: Parking Pass