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 Ferguson, Ticket Administrator

   Area Code/Phone Number 510-22-6691
   E-mail leaann.fergerson@acgov.org

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

   Face Value of Each Ticket/Pass $ 90

   Event Description: baseball

   Date(s) 5 / 25 / 18

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

   If yes: Oakland Athletics

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

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

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 (include address and description)
   Number of Ticket(s)/Passes
   Describe the public purpose made pursuant to the agency’s policy
   To Reward a school or nonprofit organization for its contributions to the community.

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

   Lee Ann Ferguson
   Print Name

   Ticket Administrator
   Title

   6/20/18
   (month, day, year)

   Comment: La Familia offers a wide range of mental health and community services. The breadth of our programs allow us to provide support to many individuals and families in our community. We offer services ranging from Zumba classes to employment services to outpatient therapy. Our program descriptions will give you a sense of what each of our departments and programs have to offer.

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 leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $312.50
   Event Description: Warriors Round 3
   Date(s) 5/26/18
   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>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 1</td>
<td>2</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>Haggerty, Scott</td>
<td>2</td>
<td>To obtain oversight of facilities or events that have received county funding or support</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 law.
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Print Name
   Ticket Administrator
   Title
   6/1/18
   (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)
   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 $ 304.80
   Event Description Basket Ball Game
   Date(s) 05 / 02 / 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
   A. Name of Agency, Department or Unit
      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;

   B. Individual
      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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown  Supervisor's Assistant  May 2018
   Print Name  Title  (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 5102726618
   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 $ 304.08
   Event Description: Warriors
   Date(s) 05 / 2 / 18 05 / 08 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes:
   Official's Name (Last, First)

3. Recipients
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.
   - Use FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   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 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) 4
      Ceremonial Role ☐ Other ☐ Income ☑
      Identify one of the following:
      To evaluate the contribution of a facility or an event to the County's goals for fostering arts, culture and entertainment opportunities for County residents or in support of the County's economic development program, including the Economic Development Alliance for Business;

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

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

   Briana Brown
   Supervisor's Assistant
   12/31/2017
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 200
   Event Description: Concert
   Date(s) 5 / 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 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>
</tr>
</thead>
<tbody>
<tr>
<td>d5</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
   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;

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>未经授权</td>
</tr>
<tr>
<td>(Last, First)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
   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:

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(include address and description)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
   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
   Date: 12/31/2017

   Comment:

   Signature of Agency Head or Designee

   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 $ 300
   Event Description Concert
   Date(s) 5/18/18 5/19/18
   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)
      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 ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;
      ____________________________
      Some ☐
      ____________________________
      ____________________________
      ____________________________

   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 12/31/2017
   ____________________________ Print Name (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Date Stamp
   (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number 5102762618
   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 $ 304.08
   Event Description Warriors Date(s) 05/22/18 05/24/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑ If yes: Official’s Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      D5 4 Describe the public purpose made pursuant to the agency’s policy
      D5 4 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)
      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 12/31/2017
   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)**
Briana Brown

**E-mail**
5102726695
briana.brown2@acgov.org

**Date Stamp**

**Amendment** (Must provide explanation in Part 3.)
Date of Original Filing: 12/30/17 (Month, Day, Year)

**2. Function or Event Information**

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

**Event Description**
Taylor Swift

**Provide Title/Explanation:**

**Face Value of Each Ticket/Pass $**
250.00

**Date(s)**
5 / 25 / 18

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

If no: Levi Stadium

**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**

**D5**

**Number of Ticket(s)/Pass(es)**
8

**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**

**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 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Briana Brown**
Supervisor's Assistant
12/31/2017 (Month, Day, Year)

**Comment:**

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agencies of Cerebal 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: Concert
   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 $250.00
   Date(s) 5/25/18
   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
   D5
   3
   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)
   Ceremonial Role ☐ Other ☐ Income ☐
   if checking “Ceremonial Role” or “Other” describe below:
   Identify one of the following:
   Marcia Shrago
   2
   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;
   Michelle Simpson
   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

4. Verification
   I hereby certify that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor’s Assistant
   12/31/2017
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number: 5102726618
   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 $304.08
   Event Description: Warriors
   Date(s): 05/26/18
   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>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>D5</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. 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>eval</td>
<td>4</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>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>
</table>

4. Verification
   I have verified that the distribution set forth above is in accordance with the requirements.
   Briana Brown Supervisor’s Assistant 06/01/2018
   Signature or Agency Head or Designee
   Print Name
   Title

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   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
   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 $35
   Date(s): 05/27/18 5/28/18
   If no: Oakland Athletics
   Name of Source: 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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      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
      Castlemont High School 4
      To reward a school or nonprofit organization for its contributions to the community;
      Castlemont High School 4

4. Verification
   I, Briana Brown, Supervisor's Assistant, May 31, 2018 (Month, Day, Year)
   Comment: