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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐  Face Value of Each Ticket/Pass $ 500.00
Event Description: Maroon 5
Date(s) 6/1/18
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
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>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>Pipkino, Judy</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

Lee Ann Fergerson  Ticket Administrator  6/20/18
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

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

Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Ticket Administrator

Area Code/Phone Number
E-mail
510-272-661 leeanne.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 $ 312.50

Event Description: Warriors Round 4, Game M

Date(s) 6 / 3 / 18

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

If no: GSW

Was ticket distribution made at the behest of agency official? Yes ☑ No □

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)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
<td></td>
<td></td>
<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>Zavala, Andy</td>
<td>2,2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td>Nice, Haley</td>
<td></td>
<td>Ceremonial Role ☑ Other □ Income □</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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4. Verification
Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Lee Ann Fergerson Ticket Administrator 6/1/18

(month, day, year)

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)
   Leeann Fergerson, Ticket Administrator
   Area Code/Phone Number
   510-272-6691
   E-mail
   leeann.fergerson@acgov.org
   Date Stamp
   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: A's vs. Kansas City Royals
   Date(s): ______ / ______ / ______
   Ticket(s)/Pass(es) provided by agency? Yes [x] 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.

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
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</thead>
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<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>Ysit, Ario</td>
<td></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>
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<tr>
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</tbody>
</table>

4. Verification

Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Lee Ann Fergerson [Signature]
Ticket Administrator
6/6/18 (month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Vener Bates, Supervisor's Assistant
   Area Code/Phone Number
   510-272-6691
   E-mail
   vener.bates@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 15.00
   Event Description: Alameda County Fair
   Date(s) 6/15/18 7/8/18
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   If no: Alameda County Fair Board
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty
   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:
   Argula, Dawn
   8
   To reward a community volunteer for his or her exemplary service to the public
   Alcantara, Ricca
   6
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   ____________________________
   Vener Bates
   Signature
   ____________________________
   Supervisor's Assistant
   Title
   ____________________________
   July 16, 2018
   (month, day, year)

Comment: ____________________________

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

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

<table>
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<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
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</tbody>
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<thead>
<tr>
<th>B.</th>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Last, First)</td>
<td></td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td>Reyes, Leticia</td>
<td>6</td>
<td>To promote attendance at an event held at a County facility in order to maximize County revenue from concession sale</td>
<td></td>
</tr>
<tr>
<td>Coleman, Roslyn</td>
<td>12</td>
<td>To promote attendance at an event held at a County facility in order to maximize County revenue from concession sale</td>
<td></td>
</tr>
<tr>
<td>Pinto, Claudia</td>
<td>6</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(include address and description)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Vener Bates, Supervisor's Assistant
   Area Code/Phone Number
   510-272-6691
   E-mail
   vener.bates@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Alameda County Fair
   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 $ 15
   Date(s) 6 / 15 / 18
   7 / 8 / 18
   If no: Alameda County Fair Board
   Name of Source
   Official's Name (Last, First)
   If yes: Alameda County Supervisor Scott Haggerty

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>Alameda County General Services Agency</td>
<td>80</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development.</td>
</tr>
<tr>
<td>Tri-Valley Substation Sheriff's Office</td>
<td>42</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)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faltings, Maryalice</td>
<td>8</td>
<td>Ceremonial Role ☑ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☘</td>
</tr>
<tr>
<td>To reward a community volunteer for his or her service to the public.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Piazza, Nat</td>
<td>10</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☘</td>
</tr>
<tr>
<td>To reward a community volunteer for his or her service to the public.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Vener Bates
   Print Name
   Supervisor's Assistant
   Title
   July 16, 2018
   (month, day, year)

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

**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.

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houston, Ken</td>
<td>10</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>Perez, Sonja</td>
<td>6</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>Del Rio, Arturo</td>
<td>8</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>DeMarcus, Erlene</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>
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</tbody>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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FPPC Form 902 (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)
   Vener Bates, Supervisor’s Assistant
   Area Code/Phone Number: 510-272-6691
   E-mail: vener.bates@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Alameda County Fair
   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 $15.00
   Date(s) 6 / 15 / 18 7 / 8 / 18
   If no: Alameda County Fair Board
   Name of Source: Alameda County Supervisor Scott Haggerty
   Official’s Name (Last, First)

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

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<th>A. Name of Agency, Department or Unit</th>
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<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luna, Mel</td>
<td>15</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize County revenue from concession sale</td>
</tr>
<tr>
<td>Argula, Vic</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature: ____________________________
Print Name: Vener Bates
Title: Supervisor’s Assistant
Date: July 16, 2018 (month, day, year)
### 3. Recipients

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

<table>
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<tr>
<th>A.</th>
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<td></td>
<td>Caleja, Angie</td>
<td>8</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>Green, Martel</td>
<td>12</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event to maximize County revenue from parking and concession</td>
</tr>
<tr>
<td></td>
<td>Bettencourt, Val</td>
<td>8</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
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<tr>
<td></td>
<td>Bernardin, Mark</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
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<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**
- **Designated Agency Contact (Name, Title):** Sarah Oddie
- **Area Code/Phone Number:** (510) 272-6683
- **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:** $500
- **Event Description:** Maroon 5
- **Provided Title/Explanation:**
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **If no:** Golden State Warriors
- **Name of Source:**
- **Date(s):** 06 01 18
- **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>Ceremonial Role [X] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cravalho, Christopher</td>
<td>4</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>Brown, Siena</td>
<td>4</td>
<td>To promote attendance at a(n)… event held at a County facility in order to maximize potential County revenue...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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 19944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head of Delegation:** Sarah Oddie
**Print Name:** Sarah Oddie
**Title:** Supervisor’s Assistant
**Date:** 06.26.2018

**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
Area Code/Phone Number (510) 272-6683
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 $312.50 ticket/$40 park
Event Description Basketball Game
Provide Title/Explanation
Date(s) 06 / 03 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>Lam, Marianne</td>
<td>4+1p</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4+1p</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td>4+1p</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td>4+1p</td>
<td>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>
<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
Supervisor's Assistant
06.26.2018 (Month, Day, Year)

Comment: ____________
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 $ ☑ $20
Event Description:
Basketball Game
Date(s):
06 / 06 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no:
Golden State Warriors
Name of Source:
Chan, Wilma
Official’s Name (Last, First):
If 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
(Number)
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...event held at a County facility...maximize potential County revenue...concession sales
Butcher, Amy
2
Lett, Estal
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 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:
06.26.2018
(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 E-mail
   (510) 272-6693 sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 90/$20 park
   Event Description Baseball game
   Date(s) 08 / 08 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland A’s
   If yes: Chan, Wilma
   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.

   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:
   Dagenais, Alison 2+p Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
   Ceremonial Role ☐ Other ☐ Income ☐
   2+p 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, ___________________________, certify that I have filled out this FPPC Form 802, in accordance with the requirements of FPPC Regulations 1994, 1 and 19942, I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee  Supervisor’s Assistant Date
   Sarah Oddie 06/26/2018
   Phet Name Title (Month, Day, Year)

Comment:
1. **Agency Name**
   - Alameda County

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description** Baseball game
     - **Provide Title/Explanation**
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
   - **Face Value of Each Ticket/Pass** $90
   - **Date(s)** 06 / 08 / 18
   - **If no:**
     - **Name of Source:** Oakland A's
   - **If yes:**
     - **Official's Name (Last, First):** 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.**
   - **Name of Agency, Department or Unit**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency's policy**
   - **Name of Individual**
     - **(Last, First):** Ma, Vanmey
     - **Number of Ticket(s)/Pass(es):** 2
     - **Ceremonial Role** 
     - **Other** ☐
     - **Income** ☐
     - **To promote attendance...event held at a County facility...maximize potential County revenue...concession sales**
     - **Ceremonial Role** ☐
     - **Other** ☐
     - **Income** ☐
   - **Name of Outside Organization**
     - **(Include address and description):**
     - **Number of Ticket(s)/Pass(es):**
     - **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**
   - I have read and understood FPPC regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Signature of Agency Head or Designee:** Sarah Oddie
   - **Supervisor's Assistant:** Sarah Oddie
   - **Title:** Supervisor's Assistant
   - **Date:** 06.26.2018
   - **Comment:**

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Event Description: Baseball game
   - Face Value of Each Ticket/Pass $40
   - Date(s): 06 / 09 / 18
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
     - If no: Oakland A's
     - Name of Source
     - If yes: Chan, Wilma
     - Official's Name (Last, First)

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

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

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

4. **Verification**
   - I have read and understood 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
   - Supervisor's Assistant
   - Date: 06.26.2018
   - Comment:

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number (510) 272-6683
   E-mail sarah.oddie@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 $ 78 ticket/20 parking
   Date(s) 06 / 13 / 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? 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 ☐
       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
       Building Futures w/ Women+Children,
       1395 Bancroft Ave, San Leandro 94577
       18+3p To reward a school or nonprofit organization for its contributions to the community
       Domestic violence shelters & advocacy org on ending domestic violence

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
   06.26.2018
   Print Name
   Title
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number (510) 272-6693
   E-mail sarah.oddie@acgov.org
   □ Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: ________________________________ (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $40
   Date(s) 06/15/18
   Event Description Baseball game
   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? No ☐ Yes ☑
   If yes: Chan, Wilma
   Official's Name (Last, First): ________________________________

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<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>Lam, Marianne</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>
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<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
   Supervisor's Assistant
   Date Signed (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 E-mail
   (510) 272-6693 sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $40
   Event Description Baseball game
   Date(s) 06 / 16 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

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
   Lend a Hand Foundation, 7730 Pardee Ln, Oakland, CA 94621 2 To reward a school or nonprofit organization for its contributions to the community
   Foundation for programs to serve low-income/at-risk youth & families

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
   06.26.2018 (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 E-mail
   (510) 272-6693 sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 90 ticket/20 park
   Event Description: Baseball game
   (Provide Title/Explaination)
   Date(s) 06 / 17 / 18
   If no: Oakland A's
   Name of Source:
   If yes: Chan, Wilma
   Official's Name (Last, First):

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

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

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

      ✓ Ceremonial Role ☐ Other ☐ Income ☐
      To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

      ✓ Ceremonial Role ☐ Other ☐ Income ☐

      12+2p

      12+2p

   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 Homeless Network, P.O. Box 951, Alameda, CA 94501 6+1p To reward a school or nonprofit organization for its contributions to the community

      Domestic violence shelter

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: Sarah Oddie

   Supervisor's Assistant: Supervisor's Title: 06.26.2018 (Month, Day, Year)

   Comment: 

   FPPC Form 802 (4/12)

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

### 1. Agency Name
- **Alameda County**
- **Division, Department, or Region (If Applicable)**: Board of Supervisors
- **Designated Agency Contact (Name, Title)**: Sarah Oddie
- **Area Code/Phone Number** (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**: Baseball game
- **Face Value of Each Ticket/Pass**: $40
- **Date(s)**: 06 / 29 / 18
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no**: Oakland A’s
- **Name of Source**: Chan, Wilma
- **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

<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>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>Ceremonial Role ☐ Other ☐ Income ☐</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>Alam. Cty Hlth Care for Homeless, 1404 Franklin St, Suite 200, Oakland 94612</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Health care services organization for homeless individuals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

I, [Signature of Agency Head or Designee], have verified that the distribution set forth above, is in accordance with the requirements.

- **Sarah Oddie**
- **Supervisor’s Assistant**: 06.26.2018

**Comment:**
1. **Agency Name**
   Alameda County

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

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

   **Area Code/Phone Number**
   (510) 272-6693

   **E-mail**
   sarah.oddie@acgov.org

2. **Function or Event Information**

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

   **Face Value of Each Ticket/Pass** $ 40

   **Event Description**
   Baseball game

   **Date(s)**
   06 / 30 / 18

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

   **If no:** Oakland A's

   **Name of Source**
   Chan, Wilma

   **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**

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

   **B. Name of Individual**

   **(Last, First)**

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

   **Identify one of the following:**

   - 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**

   - Lend a Hand Foundation, 7730 Pardie Ln, Oakland, CA 94621
     **Number of Ticket(s)/Pass(es)** 2
     **To reward a school or nonprofit organization for its contributions to the community**

   - Foundation for programs to serve low-income/at-risk youth & families
     **Number of Ticket(s)/Pass(es)**

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**
   06.26.2018

   **(Month, Day, Year)**

   **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** 5102726618
**E-mail** briana.brown2@acgov.org

**Date Stamp**

**2. Function or Event Information**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☑ No ☐</th>
<th>Face Value of Each Ticket/Pass $</th>
<th>304.80</th>
</tr>
</thead>
</table>

**Event Description** Warriors

**Provide Title/Explanation**

<table>
<thead>
<tr>
<th>Ticket(s)/Pass(es) provided by agency?</th>
<th>Yes ☐ No ☑</th>
<th>If no: Golden State Warriors</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>No ☐ Yes ☑</th>
</tr>
</thead>
</table>

**Date(s)** 06 / 03 / 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**
D5

<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>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>

**B. **

<table>
<thead>
<tr>
<th>Name of Individual (VAP)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describes below:</td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describes below:</td>
</tr>
</tbody>
</table>

**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>
</table>

**4. Verification**

I, Briana Brown, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.

Briana Brown 06/01/2018

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number 5102726618
   Date Stamp
   E-mail briana.brown2@acgov.org
   Date of Original Filing
   Amendment (Must provide explanation in Part 3)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 20
   Event Description Warriors
   Provide Title/Explanation
   Date(s) 06 / 6 / 18 06 / 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? Yes ☑ No ☐
   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 Individual   Number of Ticket(s)/Pass(es)   Identify one of the following:
      Delania Johnson
      Ceremonial Role ☐ Other ☐ Income ☐
      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.
   Briana Brown   Supervisor's Assistant
   Signature of Agency Head or Designee   Print Name   Date 06/01/2018
   (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

   **Date Stamp**

   **Amendment** (Must provide explanation in Part 3.)

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Event Description**
     Basketball Game
   - **Face Value of Each Ticket/Pass** $300.80
   - **Date(s)**
     06/03/18 - 06/06/18
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **If no:**
     Name of Source: Golden State Warriors
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
   - **If yes:**
     Official's Name (Last, First)

3. **Recipients**
   - **A.**
     **Description of Recipient:**
     To reward County employee for exemplary service to the public or to encourage staff development.
     **Number of Ticket(s)/Pass(es):**
     4
   - **B.**
     **Name:** Delania Johnson
     **Number of Ticket(s)/Pass(es):** 4
     **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.
   - **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**
   Briana Brown

   **Print Name**
   Supervisor's Assistant

   **Title**

   **(Month, Day, Year)**

   **Comment:**

FPPC Form 302 (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):
Briana Brown
Area Code/Phone Number: 510-272-6695
E-mail: briana.brown2@acgov.org

1. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description: BaseBall Game
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
Face Value of Each Ticket/Pass $ 35
Date(s) 6/7/18 6/10/18

2. Recipients

A. [Name redacted] Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
PS 4 To reward County employees for their exemplary service to public or to encourage staff development

B. [Name redacted] Number of Ticket(s)/Pass(es) Identify one of the following:
Richard Harwood 2 Ceremonial Role [ ] Other [ ] Income [ ]
Lynn McBride 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;

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

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

Signature of Agency Head or Designee: Briana Brown
Print Name: Supervisors’s Assistant: 03/31/2018
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
   5102726695
   E-mail
   briana.brown2@acgov.org

   Date Stamp
   California Form 802
   For Official Use Only

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 35
   Event Description
   Baseball Game
   Date(s)
   6/11/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no:
   Name of Source
   Oakland Athletics
   If yes:
   Official's Name (Last, First)

3. Recipients
   A. Number of Ticket(s)/Pass(es) ☒
      Describe the public purpose made pursuant to the agency's policy

   B. Greg Beckman
      Number of Ticket(s)/Pass(es) 4
      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;

   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
   Briana Brown
   Supervisor's Assistant
   Print Name
   (Month, Day, Year)

   Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ 90
   Date(s) 6/15/18 6/16/18
   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
   A. [Recipient Name]
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
   B. [Recipient Name]
      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
      reward a school or nonprofit organization for its contributions to the community;

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
   Briana Brown
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)
   Comment: + pp

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)
     - 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 [ ]
   - **Event Description**
     - Baseball Game
   - **Face Value of Each Ticket/Pass** $90
   - **Date(s)** 6/29/18

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

   **B. Number of Ticket(s)/Pass(es)**
   - **Identify one of the following:**
     - Ceremonial Role [ ] Other [ ] Income [ ]
   - **C. Name of Outside Organization**
     - **Number of Ticket(s)/Pass(es)**
     - Health Care For Homeless [0]

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**
   - **Supervisor’s Assistant**
   - **Print Name**
   - **Title**
   - **Date** 03/31/2018

   **Comment:** 2 pp
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 $ 90
   Event Description Baseball Game
   Date(s) 6/29/18
   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 employees or recipients. Use Section B to identify an individual. Use Section C to identify an outside organization.

   A. Ticket(s)/Pass(es) Description
      Number of Ticket(s)/Pass(es) 4
      Describe the public purpose made pursuant to the agency’s policy
      To reward county employee for 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:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Recipient
      (Include address and description)
      Number of Ticket(s)/Pass(es) 6
      Describe the public purpose made pursuant to the agency’s policy
      Award 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
   Briana Brown
   Supervisor’s Assistant
   Print Name
   Title
   Date 03/31/2018
   (Month, Day, Year)

   Comment: ☑