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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 40
Event Description Baseball game
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 08 / 01 / 18
If no: Oakland A's
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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></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>
<tbody>
<tr>
<td>St. Gerard Women's Club, 264 E. Lewelling Blvd., San Lorenzo, CA 94580</td>
<td>2</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td>Women's social and fundraising for St. John's Parish</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

/ / Signature of Agency Head or Designee
Sarah Oddie
Print Name
Supervisor's Assistant
Title
09.04.2018
(Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $ 45
   Date(s) 08 / 04 / 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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<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></td>
</tr>
<tr>
<td></td>
<td></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></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>
</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: 09.04.2018
   Title

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

1. **Agency Name**
   Alameda County

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

Board of Supervisors

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

**Area Code/Phone Number** (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

   **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 $** 100 suite/20 parking

   **Date(s) 08 / 04 / 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.

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

### B.

<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>Hankerson, Jennifer</td>
<td>4tx+1pk</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

   **To reward a community volunteer for his or her service to the public**

   **Ceremonial Role ☐ Other ☐ Income ☐**

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

   **4tx+1pk**

### C.

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

4. **Verification**

I, the undersigned, 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**

**09.04.2018** (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
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 $ 35
Date(s) 08 / 05 / 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.

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<tr>
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</thead>
<tbody>
<tr>
<td>McCormick, Mike</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To 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>
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<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.

Sarah Oddie  Supervisor’s Assistant  09.04.2018
Signature of Agency Head or Designee  Print Name  Title  (Month, Day, Year)

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

1. Agency Name
   Alameda County

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

   Date Stamp
   California Form 802

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Provide Title/Explanation
   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)
   Face Value of Each Ticket/Pass $ 100 ticket/20 parking
   Date(s) 08 / 07 / 18

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

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

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Oakland Community Organizations, 5001 Foothill Blvd, Oakland, CA 9
      6tx+1p
      To reward a school or nonprofit organization for its contributions to the community
      Community organizing organization in Oakland

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.
   Sarah Oddie
   Supervisor's Assistant
   09.04.2018
   (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 E-mail
   (510) 272-6693 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 □

   Event Description
   Baseball game

   Provide Title/Explanation

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

   If no: Oakland A's

   If yes: Chan, Wilma

   Name of Source

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

   Official's Name (Last, First)

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

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

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

      Ceremonial Role ☑ Other ☑ Income ☑
      If checking "Ceremonial Role" or "Other" describe below:

      Ceremonial Role ☑ Other ☑ Income ☑
      If checking "Ceremonial Role" or "Other" describe below:

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

      Girls Inc. of the Island City, 1724 Santa Clara Ave, Alameda, CA
      6tx+1p
      To reward a school or nonprofit organization for its contributions to the community

      Programs to inspire young girls in Alameda to be bold, strong, smart

4. Verification
   I, Sarah Oddie, Signature of Agency Head or Designee
   Supervisor's Assistant
   Print Name
   Title
   09.04.2018
   (Month, Day, Year)

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

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

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

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: [Month, Day, Year]

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Baseball game
Provide Title/Explanation
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)

Face Value of Each Ticket/Pass $100 ticket/20 parking
Date(s) 08 / 07 / 18

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

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

B. Name of Individual (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

Oakland Firefighters Random Acts, P.O. Box 874, Oakland, CA 6tx+1p To reward a school or nonprofit organization for its contributions to the community

Random acts of kindness to people in need of assistance after emergencies

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

Signature of Agency Head or Designee Sarah Oddie Supervisor’s Assistant 09.04.2018
Print Name Title (Month, Day, Year)

Comment: [Blank]

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $ 45
   Date(s) 08 / 7 / 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**
   **Name of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   - Ceremonial Role ☐ Other ☐ Income ☒
   - Ceremonial Role ☐ Other ☐ Income ☒
   - Ceremonial Role ☐ Other ☐ Income ☒
   - Ceremonial Role ☐ Other ☐ Income ☒

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

   Alameda Education Foundation, 400 Grand Street, Portable A4, Alameda, CA 2
   To reward a school or nonprofit organization for its contributions to the community
   Foundation to support programs in Alameda schools

4. Verification
   PC 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
   09.04.2018
   (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $250
Event Description: Daryl Hall & John Oates and Train
Provide Title/Explanation
Provide Date(s): 08 / 07 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Chan, Wilma
Official’s Name (Last, First)

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

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

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

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

Signature of Agency Head or Designee
Sarah Oddie
Supervisor’s Assistant
Print Name
Title
Date (Month, Day, Year) 09.04.2018

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Baseball game
   Face Value of Each Ticket/Pass $100 ticket/20 parking
   Date(s): 08 / 08 / 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 ☐
      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
      Purple Silk Music Foundation, 484 Lake Park Ave. #366, Oakland
      18tx+3p
      To reward a school or nonprofit organization for its contributions to the community
      Music foundation for youth specializing in traditional Chinese instruments

4. Verification
   Regulations 19945.1 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: 09.04.2018
   Title: Print Name

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

1. Agency Name
Aiameda 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 $305.55 ticket
Event Description Football game
Date(s) 08 / 10 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Raiders
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.
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<tr>
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<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>Taylor, Debbie</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other”, describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
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<td>If checking “Ceremonial Role” or “Other”, describe below:</td>
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<td></td>
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<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I, [Signature], in accordance with FPPC, Regulations 18344.1 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: 09.04.2018
Title: (Month, Day, Year)

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

## 1. Agency Name
- **Alameda County**
- **Division, Department, or Region (if Applicable):**
- **Board of Supervisors**
- **Designated Agency Contact (Name, Title):**
  - Sarah Oddie
  - (510) 272-6893
  - sarah.oddie@acgov.org

## 2. Function or Event Information
- **Does the agency have a ticket policy?**: Yes □ No □
- **Face Value of Each Ticket/Pass**: $35
- **Event Description**: Baseball game
- **Provide Title/Explanation**: Provide title/explanation if applicable.
- **Ticket(s)/Pass(es) provided by agency?**: Yes □ No □
  - If no: **Oakland A's**
  - Name of Source: **Oakland A's**
- **Was ticket distribution made at the behest of agency official?**: No □ Yes □
  - If yes: **Chan, Wilma**
  - Official’s Name (Last, First): **Chan, Wilma**
- **Date(s)**: 08 / 13 / 18

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

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

### B. Name of Individual (Last, First)
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following:**
  - **Ceremonial Role** □ **Other** □
  - **Income** □

- **Shah, Mona**
  - 2
  - **To reward a community volunteer for his or her service to the public**

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

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

- **Signature of Agency Head or Designee**: Sarah Oddie
- **Print Name**: Sarah Oddie
- **Supervisor's Assistant**
- **Title**: Sarah Oddie
- **Date**: 09.04.2018
- **(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

Date Stamp

California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 35
Event Description Baseball game
Event(s) provided by agency? Yes ☐ No ☑
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)
Date(s) 08/14/18

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

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

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

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

<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>Castillo, Nestor</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

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

4. Verification
I have read and understand FPPC Regulations 19441 and 19442. 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 09.04.2018
Part Name Title (Month, Day, Year)

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

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

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

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  
**Provide Title/Explanation:**  
**Ticket(s)/Pass(es) provided by agency?** Yes [ ]  No [x]  
**If no:** Oakland A's  
**Name of Source:**  
**Was ticket distribution made at the behest of agency official?** No [ ]  Yes [x]  
**If yes:** Chan, Wilma  
**Official's Name (Last, First):**

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

<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>

| B. Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role [ ]  Other [ ]  Income [ ]  
If checking "Ceremonial Role" or "Other" describe below:  
**To promote attendance...event held at a County facility...maximize potential County revenue...concession sales** |
|-----------------------|-----------------------------|-----------------------------------------------------------------|
| Ramirez, Javier       | 2                           | 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** |
|                       | 2                           |                                                                  |

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

4. Verification  
I, Sarah Oddie, declare 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  
Print Name  
Supervisor's Assistant  
Print Name  
Title  
(Month, Day, Year)  
09.04.2018

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $ 40
   Date(s) 08/17/18
   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.

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trybe, Inc., 2000 Park Blvd, Oakland, CA 94606</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Community-building neighborhood transformation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I, Sarah Oddie, certify under California Public Elections Code sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Print Name
   Supervisor's Assistant
   Title
   (Month, Day, Year)
   09.04.2018

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Baseball game
   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)
   Date(s) 08 / 18 / 18
   Face Value of Each Ticket/Pass $ 35

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

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

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

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

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

   Sarah Oddie  Supervisor's Assistant  09.04.2018
   Signature of Agency Head or Designee  Print Name  Title  (Month, Day, Year)

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Sarah Oddie
Area Code/Phone Number 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 $ 35
Event Description Baseball game
Date(s) 08 / 19 / 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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferguson, Wanda</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></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 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
Print Name: Supervisor’s Assistant: 09.04.2018
Title: (Month, Day, Year)

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

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

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

Date Stamp: California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Baseball game
Face Value of Each Ticket/Pass $ 78 ticket/20 parking
Date(s) 08 / 21 / 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

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

B. Name of Individual
(List, First)

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremony Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe 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>
<tbody>
<tr>
<td>18tx+3p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

Support services for victims of domestic violence

4. Verification
I, Sarah Oddie, 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 Title: Sarah Oddie
Print Name: Supervisor's Assistant: 09.04.2018
(Final, Day, Year)

Comment: 
1. Agency Name
   Alameda County
   
2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 90 ticket/20 parking
   Event Description Baseball game
   Date(s) 08 / 30 / 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 ☐
      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
      Hong Kong Association of Northern California, 130 Montgomery St, SF, CA
      8tx+1p To reward a school or nonprofit organization for its contributions to the community
      Chinese cultural association

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: Sarah Oddie
   Print Name: Supervisor's Assistant
   Title: (Month, Day, Year)
   09.04.2018

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

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

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

☐ 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 $ __________
90 ticket/20 parking
Event Description Baseball game
Date(s) __________ __________ __________
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
Name of Source __________
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Chan, Wilma
Official's Name (Last, First) __________

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

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

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

☐ Ceremonial Role ☐ Other ☐ Income ☐

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

☐ Ceremonial Role ☐ Other ☐ Income ☐

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

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

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

Public school PTA

4. Verification
I have read and understand FPPC Regulations 18944.1 and 1942. 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) ________________________________
09.04.2018 ________________________________
(Month, Day, Year)

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

1. Agency Name  
Alameda County  

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

Designated Agency Contact (Name, Title)  
Sarah Oddie  

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

Date Stamp  
California Form 802  
For Official Use Only  

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  
Provide Title/Explanation  

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  
(List, Post)  
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  

Trybe, Inc., 2000 Park Blvd, Oakland, CA 94606  
2  
To reward a school or nonprofit organization for its contributions to the community  

Community-building neighborhood transformation  

4. Verification  

I have read and understand 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  
09.04.2018  
Print Name  
Title  
(Month, Day, Year)  

Comment:  

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

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

   Designated Agency Contact (Name, Title)
   Sarah Oddie

   Area Code/Phone Number 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) 08 / 30 / 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.

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

<table>
<thead>
<tr>
<th>Name of individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elliott, Laura</td>
<td>2</td>
<td>Ceremonial Role ☐. Other ☐. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐. Other ☐. Income ☐</td>
</tr>
</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 18444.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: ____________________________
Print Name: ____________________________
Title: ____________________________
Date: 09.11.2018

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

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

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

Date Stamp  
California Form 802  
For Official Use Only

2. Function or Event Information  
Does the agency have a ticket policy?  Yes [x]  No [ ]  
Face Value of Each Ticket/Pass $ 78

Event Description:  
Oakland A's

Date(s)  
8 / 3 / 18

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

If no:  
Oakland Athletics

Name of Source

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

If yes:  
Nathan Miley

Official's Name (Last, First)

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

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

| B. Name of Individual  
(Last, First) | Number of Ticket(s)/Passes | Identify one of the following:  
Ceremonial Role [ ]  Other [ ]  Income [ ]

Paul Santner  
2

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

| 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Nathan Miley  
Signature of Agency Head or Designee

Print Name

Supervisor  
Title

07/11/18  
(month, day, year)

Comment:  

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No □
   Face Value of Each Ticket/Pass $ 100
   Event Description: Oakland A's
   Date(s)  8/ 4/18
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No □
   If no: Oakland Athletics
   Name of Source
   If yes: Nathan Miley
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Nathan Miley
   Supervisor
   07/11/18
   Signature of Agency Head or Designee
   Print Name
   Title
   (month, day, year)
   Comment:

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 78
   Event Description: Oakland A's
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   Date(s)  8/5/18
   Was ticket distribution made at the behest of agency official?  Yes ☒ No ☐
   If no: Oakland Athletics
   Name of Source
   If yes: Nathan Miley
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>

   A. Name of Individual
      (Last, First)

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Passes
      Ceremonial Role ☐ Other ☐ Income ☐
      To increase attendance to a county sponsored event or at an event hosted in a county facility
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      To reward a county employee for his or her exemplary service to the community or public
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Nathan Miley
   Supervisor
   07/11/18
   Print Name
   Title
   (month, day, year)
   FPPC Form 802 (2/2016)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Recipients

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

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<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
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<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>Jessica Traveria</td>
<td>4</td>
<td>Ceremonial Role☐ Other☐ Income☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance to a county sponsored event or at an event hosted in a county facility</td>
</tr>
<tr>
<td>Georgette Cobb</td>
<td>5</td>
<td>Ceremonial Role☐ Other☐ Income☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance to a county sponsored event or at an event hosted in a county facility</td>
</tr>
<tr>
<td>Michael Toy</td>
<td>2</td>
<td>Ceremonial Role☐ Other☐ Income☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance to a county sponsored event or at an event hosted in a county facility</td>
</tr>
</tbody>
</table>

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

1. Agency Name
Alameda County

Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Nathan Miley

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $78
Event Description: Oakland A's
Date(s) 8/7/18
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Oakland Athletics
If yes: Nathan Miley
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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

   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
   United Seniors of Oakland and Alameda County 2
   To reward a nonprofit organization for their exemplary service to the general public

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

Signature of Agency Head or Designee
Nathan Miley
Supervisor
07/11/18
Print Name
Title
(month, day, year)

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Agency Name:**
Alameda County

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

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

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

**E-mail**
district4@acgov.org

---

**2. Function or Event Information**

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

  **Face Value of Each Ticket/Pass:** $78

  - **Event Description:** Oakland A's
  - **Date (s):** 8/18/18
  - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐

  - **If no: Oakland Athletics**
  - **Name of Source:**

  - **If yes: Nathan Miley**
  - **Officer’s Name (Last, First):**

---

**3. Recipients**

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darryl Stewart</td>
<td>2</td>
<td>To reward a county employee for his or her exemplary service to the community and public</td>
</tr>
</tbody>
</table>

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

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**4. Verification**

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

**Signature of Agency Head or Designee:** Nathan Miley

**Print Name:**

**Title:**

**Date:** 07/11/18 (month, day, year)

**Comment:**

---

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Name: Alameda County
Division, Department, or Region (if applicable): Board of Supervisors
Designated Agency Contact (Name, Title): Nathan Miley
Area Code/Phone Number: (510) 272-6694
E-mail: district4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass: $305.55
Event Description: Oakland Raiders
Provide Title/Explanation:
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Athletics
Name of Source:
If yes: Nathan Miley
Official's Name (Last, First):
Date(s): 8/10/18

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

A. Name of Agency, Department or Unit | Number of Ticket(s)/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:
Patricia Brooks | 4 | Ceremonial Role ☐ Other ☐ Income ☐
To reward a county employee for his or her exemplary service to the community

C. Name of Outside Organization (include address and description) | Number of Ticket(s)/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.
Nathan Miley
Signature of Agency Official
Print Name
Supervisor
Title
07/11/18 (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)
Nathan Miley
Area Code/Phone Number E-mail
(510) 272-6694 district4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 78
Event Description: Oakland A's
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 8/13/18
If no: Oakland Athletics
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Nathan Miley
Official's Name (Last, First)

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

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

B. Name of Individual Number of Ticket(s)/Passes Identify one of the following:
(Last, First) Ceremonial Role ☐ Other ☐ Income ☐
Nate Harrison 2
To increase attendance at a county sponsored event or to an event hosted in a county facility
Ceremonial Role ☐ Other ☐ Income ☐

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

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

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

______________________________ Nathan Miley
Signature of Agency Head or Designee

______________________________ Supervisor
Print Name
Title

07/11/18 (month, day, year)

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Nathan Miley
Area Code/Phone Number E-mail
(510) 272-6694 district4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: Oakland A's
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 $ 78
Date(s) 8/14/18
If no: Oakland Athletics
If yes: Nathan Miley
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>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
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</thead>
<tbody>
<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>
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<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland and Alameda County</td>
<td>2</td>
<td>To reward a nonprofit organization for their service to the general public</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Nathan Miley
Print Name
Supervisor
Title
07/11/18 (month, day, year)

Comment: ________________________________  

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $78
Event Description: Oakland A's
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Athletics
If yes: Nathan Miley
Name of Source
Offical's Name (Last, First)
Date of Original Filing: (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.

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<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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<tbody>
<tr>
<td>(Last, First)</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>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
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<td>To reward a nonprofit organization for their service to the general public</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Nathan Miley
Supervisor
Print Name
Title
07/11/18
(month, day, year)
Comment: [Signature of Agency Head or Designee]
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)
Nathan Miley

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

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

Event Description: Oakland A's
Provide Ticket/Explanation

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 $ 78

Date(s) 8/18/18

If no: Oakland Athletics
Name of Source

If yes: Nathan Miley
Official's Name (Last, First)

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

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

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

Ceremonial Role ☐ Other ☐ Income ☐

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

Ceremonial Role ☐ Other ☐ Income ☐

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

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

United Seniors of Oakland and Alameda County 2 To reward a nonprofit organization for their service to the general public

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

Signature of Agency Head or Designee Nathan Miley Supervisor 07/11/18

Print Name Title

Comment: [Signature]

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): Nathan Miley

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 78
   Event Description: Oakland A's
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 8/19/18
   If no: Oakland Athletics
   If yes: Nathan Miley
   Name of Source: Nathan Miley
   Official's Name (Last, First): Nathan Miley

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

   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:
      United Seniors of Oakland and Alameda County: 2
      To reward a nonprofit organization for their service to the general public

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

   Signature of Agency Head or Designee: Nathan Miley
   Print Name: Nathan Miley
   Supervisor Title: 07/11/18
   (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):**  
   Nathan Miley  
   **Area Code/Phone Number**  
   (510) 272-6694  
   **E-mail**  
   district4@acgov.org  

2. **Function or Event Information**  
   - **Does the agency have a ticket policy?** Yes ☑ No ☐  
   - **Face Value of Each Ticket/Pass:** $78  
   - **Event Description:** Oakland A’s  
   - **Date(s):** 8/20/18  
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐  
   - **Ticket(s)/Pass(es) provided by another:** 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.

   **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**

   United Seniors of Oakland and Alameda County  
   2  
   To reward a nonprofit organization for their service to the general public

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

   **Signature of Agency Head or Designee:** Nathan Miley  
   **Print Name:**  
   **Title:**  
   **Date:** 07/11/18

   **Comment:**

---

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Face Value of Each Ticket/Pass: $78
   Event Description: Oakland A's
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No □
   Date(s): 8/21/18
   Was ticket distribution made at the behest of agency official? Yes ☑ No □
   Name of Source: Nathan Miley
   Official's Name (Last, First): Nathan Miley

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

<table>
<thead>
<tr>
<th>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</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Britta Johnson</td>
<td>2</td>
<td>To increase attendance at a county event or to an event</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hosted in a county facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☐ Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements. ☑

   Signature of Agency Head or Designee: Nathan Miley
   Print Name: Nathan Miley
   Supervisor: 07/11/18
   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)**
   Nathan Miley
   
   **Area Code/Phone Number**
   (510) 272-6694
   
   **E-mail**
   district4@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** $78
   
   **Event Description:** Oakland A’s
   Provide Title/Explanation
   
   **Ticket(s)/Pass(es) provided by agency?**
   Yes ☐ No ☑
   
   **Event Date(s):** 8/22/18
   
   **If no:** Oakland Athletics
   
   **Name of Source**
   
   **If yes:** Nathan Miley
   
   **Official’s Name (Last, First)**
   
3. **Recipients**
   *Use Section A to identify the agency’s department or unit.  *Use Section B to identify an individual.  *Use Section C to identify an outside organization.

   **A.**
   
   **Name of Agency, Department or Unit**
   
   **Number of Ticket(s)/Passes**
   
   **Describe the public purpose made pursuant to the agency’s policy**
   
   **B.**
   
   **Name of Individual**
   (Last, First)
   
   **Number of Ticket(s)/Passes**
   
   **Identify one of the following:**
   
   Ceremonial Role ☐ Other ☐ Income ☐
   
   If checking “Ceremonial Role” or “Other” describe below:
   
   Ceremonial Role ☐ Other ☐ Income ☐
   
   If checking “Ceremonial Role” or “Other” describe below:
   
   **C.**
   
   **Name of Outside Organization**
   (Include address and description)
   
   **Number of Ticket(s)/Passes**
   
   **Describe the public purpose made pursuant to the agency’s policy**
   
   East Bay Community Foundation 22 To reward a nonprofit organization for their service to the general public
   
4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   
   **Signature of Agency Head or Designee**
   Nathan Miley
   
   **Print Name**
   
   **Title**
   
   **Supervisor**
   
   **Print Name**
   
   **Title**
   
   **07/11/18**
   (month, day, year)
   
   **Comment:**

   FPPC Form 802 (2/2016)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $305.55
   Event Description: Oakland Raiders
   Provide Title/ Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 6/24/18
   If no: Oakland Athletics
   Name of Source
   If yes: Nathan Miley
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
</tr>
<tr>
<td>Number of Ticket(s)/Passes</td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Identify one of the following:</td>
</tr>
<tr>
<td>Tanya Washington</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>To reward a county employee for his or her exemplary service to the community</td>
</tr>
<tr>
<td>Alma Ferguson</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>To increase attendance at a county event or at an event hosted in a county facility</td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee
   Nathan Miley
   Print Name
   Supervisor
   Title
   07/11/18 (month, day, year)

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

1. Agency Name
County of Alameda
Division, Department, or Region (If Applicable)
Sheriff's Office
Designated Agency Contact (Name, Title)
Casey Nice, Assistant Sheriff
Area Code/Phone Number 510 208-9811
E-mail cnice@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Smashing Pumpkins Concert
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 $ 45.00
Date(s) 08/27/18
If no: AEG
If yes: Asst. Sheriff Casey Nice

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>Alameda County Sheriff's Office and County (GSA/HR) Employees</td>
<td>280</td>
<td>To promote attendance at an event held at County facility in order to maximize potential county revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

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

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: Charles Casey Nice
Print Name Assistant Sheriff
Title
Date 09/05/2018
(Month, Day, Year)

Comment: Tickets provided by AEG for Distribution to Alameda County Employees

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
   County of Alameda
   Division, Department, or Region (If Applicable)
   Sheriff's Office
   Designated Agency Contact (Name, Title)
   Casey Nice, Assistant Sheriff

   Area Code/Phone Number  E-mail
   510 208-9811  cnice@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 40.00
   Event Description Hall and Oats Concert
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: AEG
   Name of Source
   If yes: Asst. Sheriff Casey Nice
   Official's Name (Last, First)
   Date(s) 08 / 07 / 18

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es) 217
      Describe the public purpose made pursuant to the agency's policy
      Alameda County Sheriff's Office and County (GSA/HR) Employees
      To promote attendance at an event held at County facility in order to maximize potential county revenue from parking and concession sales

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

   Charles Casey Nice  Assistant Sheriff  08/09/2018
   Signature  Title  (Month, Day, Year)

Comment: Tickets provided by AEG for Distribution to Alameda County Employees

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

Date Stamp

A Public Document
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 $ 200
Event Description: Jeff Lyrne's ELO
Date(s) 8/2/18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Official's Name (Last, First)

3. Recipients

<table>
<thead>
<tr>
<th>Name of Agency/Organization or Client</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>

A.

<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>Jenny Neilson</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>
<tr>
<td></td>
<td></td>
<td>Income ☐ Ceremonial Role ☐ Other ☐</td>
</tr>
</tbody>
</table>

B.

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

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

Comment: 

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

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 $250
Event Description Daryl & John Cat Tram
Provide Title/Explanation
Date(s) 8/7/18
Ticket(s)/Pass(see) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: ________________
Official's Name (Last, First)

3. Recipients

<table>
<thead>
<tr>
<th>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>
<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></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>
<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>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>oakland family history center</td>
<td>4</td>
<td>reward a school or nonprofit organization for its contributions to the community;</td>
</tr>
</tbody>
</table>

4. Verification

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

- Briana Brown
- Supervisor's Assistant

Print Name
Title

Date: 9/30/18

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
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 Raiders Game
   Face Value of Each Ticket/Pass $ 305.50
   Date(s) 8/10/18 8/24/18
   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
   (See Section A to provide information on an individual or organization)
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.

   A. Name of Agency, Department or Other
      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 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
      health, motivate and provide expanded activities to vulnerable populations in the such as the disabled, underprivileged, ind youth in foster care. To promote motivate and provide expanded

4. Verification
   I hereby certify that the distribution set forth above, is in accordance with the requirements.
   Briana Brown Supervisor’s Assistant
   Print Name Title 9/30/18
   (Month, Day, Year)

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 ☐
   Face Value of Each Ticket/Pass $ 100
   Event Description Bad Bunny
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Date(s) 06/26/18
   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 an agency's designated official
   • Use Section B to identify an individual
   • Use Section C to identify an outside organization.

   A. Name of Agency, Designation or Department
      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:
      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;
      Ceremonial Role ☐ Other ☐
      Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor's Assistant
   9/30/18
   (Month, Day, Year)

Comment: ____________________________

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

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

   Designated Agency Contact (Name, Title)
   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: J. Cole
   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 $100
   Date(s) 8/29/18

   If no: Golden State Warriors
   Name of Source

   If yes: __________________________

3. Recipients
   - Use Section A to identify individuals.
   - 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
   3

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

   Cameron Burks
   5

   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;

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

   Income ☐

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

   Income ☐

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

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)
Lee Ann Fergerson, Ticket Administrator

Area Code/Phone Number  E-mail
510-272-661  leeann.fergerson@acgov.org

Date Stamp
California Form 802
For Official Use Only

□ Amendment (Must Provide Explanation in Part 3.)
Date of Original Filing: (month, day, year)

2. Function or Event Information

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

Face Value of Each Ticket/Pass $  $45, $35

Event Description: A's Baseball

Date(s) 8 / 4 / 18  8 / 5 / 18

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

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.

<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</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Michael, Rebecca</td>
<td>2, 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>Edy, Derrick Hernandez, Kathleen</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee

Lee Ann Fergerson  Ticket Administrator

Print Name  Title

8/6/18
(month, day, year)

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

1. Agency Name  
Alameda County  
Division, Department, or Region (if applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
Lee Ann Fergerson, Ticket Administrator  
Area Code/Phone Number E-mail  
510-272-661 leeann.fergerson@acgov.org  

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☑ No ☐  
Face Value of Each Ticket/Pass $250.00  
Event Description: Train, Darryl Hall & John Oats  
Date(s) 8 / 7 / 18  
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐  
If no: GSW  
If yes: Haggerty, Scott  
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐  

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

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

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

Signature of Agency Head or Designee  
Lee Ann Fergerson  
Print Name  
Ticket Administrator  
Title  
8/20/18 (month, day, year)  

Comment:  

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

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

2. **Function or Event Information**  
   Does the agency have a ticket policy?  
   Yes ☒ No ☐  
   **Event Description:** A's Baseball  
   **Face Value of Each Ticket/Pass:** $45.00  
   **Date(s):** 8/8/18  
   **Ticket(s)/Pass(es) provided by agency?** Yes ☒ No ☐  
   **If no: Oakland Athletics**  
   **Name of Source:**  
   **If yes:** Haggerty, Scott  
   **Official's Name (Last, First):**  
   **Was ticket distribution made at the behest of agency official?** Yes ☒ No ☐  

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

<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>Information Technology Department</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>

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

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

4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with:  
   
   [Signature]  
   Lee Ann Ferguson  
   **Ticket Administrator**  
   8/8/18  
   (month, day, year)  
   **Comment:**
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
Alameda County

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

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Face Value of Each Ticket/Pass** $305.55
- **Event Description:** Raiders Exhibition Game
- **Date(s)** 8 / 10 / 18
- **Ticket(s)/Pass(es) provided by agency?** Yes ☒ No ☐
- **If no:** Raiders
- **Name of Source**
- **Was ticket distribution made at the behest of agency official?** Yes ☒ No ☐
- **If yes:** Haggerty, Scott
- **Official's Name (Last, First)**

### 3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Williams, Anton</td>
<td>4/1</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

### 4. Verification

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

**Signature of Agency Head or Designee**  
**Print Name** Lee Ann Fergerson  
**Title** Ticket Administrator  
**Date** 8/10/18

**Comment:**

---

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Ticket Administrator
   Area Code/Phone Number
   510-272-661
   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 $35.00
   Event Description: A's Baseball
   Date(s) 8 / 14 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland Athletics
   Name of Source
   If yes: Haggerty, Scott
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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

<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>Thompson, Wanda</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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I, __________________________, a registered political campaign 
   Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Ticket Administrator
   Print Name
   8/20/18
   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)**
Lee Ann Fergerson, Ticket Administrator

**Area Code/Phone Number**
510-272-661

**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** $40.00

**Event Description:** A's Baseball

**Date(s)** 8 / 17 / 18

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

**If no:** Oakland Athletics

**If yes:** Haggerty, Scott

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

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<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>Markel, Marci</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

- 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)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

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

**Signature of Agency Head or Designee**

Lee Ann Fergerson

Print Name

Ticket Administrator

**Title**

**Date** 8/20/18

(month, day, year)

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

1. **Agency Name**
   Alameda County

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Face Value of Each Ticket/Pass $40.00
   - Event Description: A's Baseball
   - Date(s) 8/18/18
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   - If yes: Oakland Athletics
   - Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

3. **Recipients**
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.
   - A.
     | Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
     |-----------------------------------|-----------------------------|---------------------------------------------------------------|
     |                                   |                             |                                                               |
   - B.
     | Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following: |
     | Arthur, Catherine                | 4                           | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. |
     |                                   |                             | Ceremonial Role ☑ Other ☑ Income ☑ |
     |                                   |                             | If checking "Ceremonial Role" or "Other" describe below: |
   - C.
     | Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
     |                                                                |                             |                                                               |

4. **Verification**
   - I, [Signature of Agency Head or Designee], have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regulations.
   - Lee Ann Fergerson, Ticket Administrator 8/20/18 (month, day, year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $305.55
   Event Description: Raiders
   Date(s) 8 / 24 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: GSW
   If yes: Haggerty, Scott
   Name of Source
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
      Ceremonial Role ☑ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

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

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

   Signature of Ticket Administrator
   Print Name
   Title
   Date 8/28/18
   (month, day, year)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information  
Does the agency have a ticket policy? Yes □ No □  
Face Value of Each Ticket/Pass $100.00  
Event Description: Bad Bunny  
Date(s) 8 / 26 / 18  
Ticket(s)/Pass(es) provided by agency? Yes □ No □  
If no: GSW  
If yes: Haggerty, Scott  
Was ticket distribution made at the behest of agency official? Yes □ No □

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

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

<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>Cabrera, Stephanie</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

4. Verification  
I certify in accordance with C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Signature of Agency Head or Designee  
Lee Ann Fergerson  
Ticket Administrator  
Print Name  
Title  
8/29/18 (month, day, year)

Comment:
**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:**
510-272-6691

**E-mail:**
leeann.fergerson@acgov.org

**Date Stamp:**
California Form 802
For Official Use Only

**Amendment (Must Provide Explanation in Part 3):**

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

---

### 2. Function or Event Information

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

- **Face Value of Each Ticket/Pass:** $tk

- **Event Description:** J. Cole

- **Date(s):** 8/29/18

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

- **If yes:** GSW

- **Name of Source:** Haggerty, Scott

---

### 3. Recipients

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

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 5 Board of Supervisors</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

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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

**Signature of Agency Head or Designee:**

**Ticket Administrator:**

**Print Name:**

**Title:**

**Date:**
8/29/18
(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)
Gabriela Christy
Area Code/Phone Number  
(510) 272-8692  
E-mail  
Gabriela.Christy@acgov.org

#### 2. Function or Event Information
- Does the agency have a ticket policy? **Yes □ No □**
- Face Value of Each Ticket/Pass $ **200**
- Event Description  
  Jeff Lynne’s ELO
- Date(s) **08 / 02 / 18**
- Ticket(s)/Pass(es) provided by agency? **Yes □ No □**
- If no: **GSW**
- If yes: **Valle, Richard- Supervisor District 2**
- 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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnstone, Andrew</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. 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 sections 18844.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

- **Gabriela Christy**  
  Supervisor’s Assistant
  (Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Gabriela Christy

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 250
   Event Description Daryll Hall & John Oates and Train
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: GSW
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
           Official’s Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      – To reward a County employee for his or her exemplary service to the public or to encourage staff development
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy ________________________ Supervisor’s Assistant ________________________
   Print Name ________________________ Title ________________________ (Month, Day, Year)

Comment: ________________________

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No □
   Event Description Raiders vs. Lions
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
   If no: Oakland Athletics
   Name of Source
   If yes: Valle, Richard - Supervisor District 2
   Official’s Name (Last, First)
   Face Value of Each Ticket/Pass $ 305.55/35
   Date(s) 08 / 10 / 18

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

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

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

4. Verification
   I have read and understand FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy
   Supervisor’s Assistant
   (Month, Day, Year)

Comment: ____________________________
## Agency Name
Alameda County

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

Board of Supervisors

### Designated Agency Contact (Name, Title)
Gabriela Christy

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

### Date Stamp

### California Form 802
For Official Use Only

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

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

## 2. Function or Event Information

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

### Face Value of Each Ticket/Pass $ _____

### Event Description
A.R. Rahman

### Provide Title/Explanation

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

### Date(s) 08 / 18 / 18

### If no: GSW

### Name of Source

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

### If yes: Valle, Richard- Supervisor District 2

### Official’s Name (Last, First)

## 3. Recipients

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

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

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

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

<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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### B. Name of Individual (Last, First)

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

### Identify one of the following:

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dhami, Tejinder</td>
<td>4</td>
<td>- To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

### 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

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<tr>
<th>Name of Outside Organization</th>
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## 4. Verification

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

Gabriela Christy

Supervisor's Assistant

(Date)

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

### 1. Agency Name
Alameda County

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

Board of Supervisors

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

Gabriela Christy

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

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

### 2. Function or Event Information

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

**Face Value of Each Ticket/Pass $** 305.55/35

**Date(s) of Event**
08/24/18

**Event Description**
Raiders vs. Packers

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

**If no:**
Oakland Athletics

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

**If yes:**
Valle, Richard- Supervisor District 2

### 3. Recipients

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

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<tr>
<th>Name of Agency, Department or Unit</th>
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<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archelta, Raquel</td>
<td>3/1</td>
<td>- To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

Gabriela Christy

Supervisor's Assistant

Date: 1/9/19

Comment: ______________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 100
   Event Description Bad Bunny
   Provide Title/Explanation
   Date(s) 08 / 26 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: GSW Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy Supervisor’s Assistant
   Print Name Title (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description The Smashing Pumpkins
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: GSW
   Face Value of Each Ticket/Pass $ 200
   Date(s) 08/27/18
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard - Supervisor District 2

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

   B. Name of Individual (Last, First)
   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 ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy
   Supervisor’s Assistant
   Date (Month, Day, Year)

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Gabriela Christy

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

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

   Event Description J. Cole

   Face Value of Each Ticket/Pass $ 200

   Date(s) 08 / 29 / 18

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

   If no: GSW Name of Source

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

   If yes: Valle, Richard- Supervisor District 2

   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
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      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

      To reward a community volunteer for his or her service to the public

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

   C. Name of Outside 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.

   Gabriela Christy
   Supervisor’s Assistant

   (Month, Day, Year)

Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)