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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $90
   Date(s) 9/1/18 9/3/18
   Event Description Baseball Game
   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 ☐
   Official's Name (Last, First)

3. Recipients
   A. Title of Ace, Recipient 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 ☐
      To promote attendance at a County sponsored event or event held at a County facility in order to
      maximize potential County revenue from parking and concession sales;
      
   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      
4. Verification
   I have understood 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)
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No □
   Event Description BaseBall Game
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
   Face Value of Each Ticket/Pass $ 900/415
   Date(s) 6/1/18 4/5/18
   If no: Oakland Athletics
   Name of Source
   If yes: ____________________________________________
   Official's Name (Last, First)

3. Recipients
   • Use Section A to identify an individual (ignore if appropriate)
   • 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:

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      reward a school or nonprofit organization for its contributions to the community;

4. Verification
   I, Briana Brown, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown Supervisor's Assistant (Month, Day, Year)
   Print Name Title

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 Sam Smith
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $200
   Date(s) 9/4/18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Official's Name (Last, First)

3. Recipients
   Use Section A to identify the agency's employee or employees.
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.
   A. Title of Agency Contact/Official
   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
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understood FPPC Pen. Codes 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:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Baseball Game
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 $ 160
Date(s) 9/15/10
If no: Oakland Athletics
Name of Source
If yes: Official’s Name (Last, First)

3. Recipients
A. Name of Agency, Department, or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy
   Public Defender office 4
   To reward a County employee for his or her exemplary service to the public or to encourage staff development;

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

C. Name of Outside Organization
   Number of Ticket(s)/Pass(es)
   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.

Briana Brown Supervisor's Assistant
Print Name Title
9/30/14
(Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball Game
   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 $ 802
   Date(s) 9/5/18
   If no: Oakland Athletics
   Name of Source
   If yes: Official's Name (Last, First)

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

   B. Name of Individual
   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
   reward a school or nonprofit organization for its contributions to the community;

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

   Briana Brown Supervisor's Assistant
   Print Name Title

   Comment: + Parking Pass (2)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description BaseBall Game
   Event Description (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) 9/9/18 9/19/18
   If no: Oakland Athletics
   Name of Source
   If yes: __________
   Official’s Name (Last, First)

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

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

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      reward a school or nonprofit organization for its contributions to the community;

4. Verification
   I have reviewed and verified all the information provided above, and it is accurate to the best of my knowledge.
   Briana Brown
   Supervisor’s Assistant
   Print Name
   Title
   Date Stamp 10/5/18 (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**
     - Raiders Game
   - **Face Value of Each Ticket/Pass** $305
   - **Date(s)** 9, 10, 18
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes ☐ No ☑
   - **Was ticket distribution made at the behest of agency official?**
     - No ☐ Yes ☑
   - **If no:**
     - **Name of Source:** Oakland Athletics
   - **If yes:**
     - **Official's Name (Last, First):**

3. **Recipients**

   *Use Section A to supply the employee-recipient event.
    *Use Section B to identify an individual.
    *Use Section C to identify an outside organization.*

   **A. Class of Agency Department or Unit**
   - **Name of Individual**
     - Paul Gutierrez
   - **Number of Ticket(s)/Pass(es)** 4
   - **Describe the public purpose made pursuant to the agency's policy**
     - To reward a County employee for his or her exemplary service to the public or to encourage staff development;

   **B. Name of Individual**
   - **Number of Ticket(s)/Pass(es)** 4
   - **Identify one of the following:**
     - Ceremonial Role ☑ Other ☐
   - **Income ☐**
   - **If checking “Ceremonial Role” or “Other” describe below:**
     - To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;

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

4. **Verification**

   I, Briana Brown, undersigned, under CR 18944.1 and 18942, have verified that the distribution set forth above, is in accordance with the requirements.

   Briana Brown
   Supervisor's Assistant 9/30/18
   Print Name
   Title (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
   Email briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 200
   Event Description Rolling Loud Bay Area
   Date(s) 9/16/18
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ☒
   If yes: Official’s Name (Last, First)

3. Recipients

   A. Name of County Employee (if any)
      Number of Ticket(s)/ Pass(es) 4
      Describe the public purpose made pursuant to the agency’s policy
      To reward a County employee for his or her exemplary service to the public or to encourage staff development;

   B. Name of individual
      Number of Ticket(s)/ Pass(es)
      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
   I, Briana Brown, Supervisor’s Assistant, certify no violation of Government Code 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor’s Assistant
   10/5/18

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number
   E-mail
   5102726695
   briana.brown@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 $78
   Date(s) 9/23
   If no: Oakland Athletics
   Name of Source
   If yes: Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   B. Name of Individual | 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
   - reward a school or nonprofit organization for its contributions to the community;

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor's Assistant
   10/15/18

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number 5102726695
   E-mail briana.brown2@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing:

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $97.85
   Event Description Top Rank World Championship Boxing
   Date(s) 9/28/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: __________
   Official's Name (Last, First)

3. Recipients
   Use Section B to identify an individual. Use Section C to identify an outside organization.
   A. [Identification Information]
      Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy

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

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

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

Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/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)
   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: ______/______/______

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $305.55 ticket/$35 park
   Event Description Football game
   Date(s) 09 / 10 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Raiders
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

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

   Gordon, James 3+1park Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...

   3+1park 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.
   Sarah Oddie Supervisor’s Assistant 09.25.2018
   Print Name Title (Month, Day, Year)

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Sarah Oddie

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

   Date Stamp

   Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $305.55 ticket/$35 park
   Event Description Football game
   Date(s) 09 / 30 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Raiders
   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)/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:
      To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (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.

   Sarah Oddie Supervisor's Assistant 09.25.2018
   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 (510) 272-6693
   E-mail sarah.oddie@acgov.org

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $200
   Event Description Sam Smith
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 09 / 04 / 18
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

   Li, Rosanna
   4

   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.

Sarah Oddie
Supervisor's Assistant
09.25.2018

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 ☐
   Face Value of Each Ticket/Pass $200
   Event Description Childish Gambino
   Date(s) 09 / 27 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization (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.

   Sara Oddie
   Supervisor's Assistant
   09.25.2018
   Signee

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 $  
$20

Event Description  
BTS

Provide Title/Explanation

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

If no:  
Golden State Warriors  
Name of Source

If yes:  
Chan, Wilma  
Official's Name (Last, First)

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

Date(s)  
09 / 12 / 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:

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

Asian Health Services, 101 8th St,  
Oakland, CA 94607  
4  
To reward a school or nonprofit organization for its contributions to the community

Health care services for underserved  
Asian populations

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  
Designee

Supervisor's Assistant  
Print Name

09.25.2018  
Title

(Month, Day, Year)

Comment: ________________________________

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

1. Agency Name
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - 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: J Balvin
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - Face Value of Each Ticket/Pass: $100
   - Date(s): 09/20/18
   - If no: Golden State Warriors
     - Name of Source
   - If yes: Chan, Wilma
     - Official's Name (Last, First)

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

   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
      - Income ☐
      - Ceremonial Role ☐ Other ☐

   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
      - Social equity development nonprofit in Oakland
      - To reward a school or nonprofit organization for its contributions to the community

4. Verification
   - I have read and understand PPC 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
   - Date 09.25.2018
   - (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

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $97.55

Event Description
World Championship Boxing

Provide Title/Explanation

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

Date(s) 09 / 28 / 18

If no: Golden State Warriors
Name of Source

If yes: Chan, Wilma
Official’s Name (Last, First)

3. Recipients

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

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

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

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

Ceremonial Role [ ] Other [ ] Income [ ]

<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>Deputy Sheriff’s Activities League, 16335 E 14th St, San Leandro, CA 94578</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Youth sports/activities league in unincorporated Alameda County</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

Sarah Oddie
D or Designee
Print Name

Supervisor’s Assistant
Title

(Month, Day, Year)

Comment:

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

### 1. Agency Name
Alameda County

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

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

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

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

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

**Event Description** Basketball Game

**Face Value of Each Ticket/Pass** $304.80 ticket/$30 park

**Date(s)** 09/30/18

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

**If no:** Golden State Warriors

**Name of Source**

**If yes:** Chan, Wilma

**Official’s Name (Last, First)**

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

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

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

#### B. Name of Individual

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

| Dagenais, Alison  |               | 2                            | Ceremonial Role ☐ Other ☐ Income ☐ |
|                   |               | To promote attendance at a(n) ... event held at a County facility in order to maximize potential County revenue... |

#### C. Name of Outside Organization

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

**Date** 10.01.18

**Supervisor’s Assistant**

**Title**

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Face Value of Each Ticket/Pass $40
   Event Description Baseball game
   Date(s) 09/01/18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No □
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization
      (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 18544.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   /s/ Sarah Oddie
   Supervisor's Assistant 09.25.2018
   (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 (510) 272-6693
E-mail sarah.oddie@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

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

Event Description 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 $90 ticket/$20 parking

Date(s) 09/01/18

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/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>
</table>

Bazely, Toby

3+p

To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...

C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es)

<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.

Sarah Oddie
Supervisor's Assistant

09.25.2018 (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Sarah Oddie

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $35
   Event Description Baseball game
   Date(s) 09/02/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      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
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Alameda County Social Services
      Agency, 2000 San Pablo, Oakland CA
      2
      To promote attendance at an event held at a County facility in order to maximize potential County revenue...

4. Verification
   I have read and understand FPPC Regulations 18544.1 and 18642. I have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie
   Supervisor’s Assistant
   09.25.2018

   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

   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
   Event Description Baseball game
   Date(s) 09 / 04 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

   If no:
   If yes: Oakland A's
   Name of Source
   Chan, Wilma
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To 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 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie
   Supervisor's Assistant
   09.25.2018
   (Month, Day, Year)

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

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

- Board of Supervisors

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

- Sarah Oddie

**Area Code/Phone Number**

- (510) 272-6693

**E-mail**

- sarah.oddie@acgov.org

**Date Stamp**

- California Form 802

**For Official Use Only**

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

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

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

- **Date(s)**
  - 09 / 04 / 18

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

- **If yes:**
  - **Official's Name (Last, First)**

3. **Recipients**

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

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

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

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

**B. Name of Individual**

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

**Identify one of the following:**

- Ceremonial Role □
- Other □
- Income □

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

- Ceremonial Role □
- Other □
- Income □

**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**

- San Leandro Chamber of Commerce, 120 Estudillo Ave, San Leandro, CA 94577
  - 6+1p

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

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.

- **Signer:** Sarah Oddie

- **Print Name:**

- **Title:** Supervisor's Assistant

- **Date:** 09.25.2018

**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  
- **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 ticket/$20 parking  
- **Date(s)**: 09/04/18  
- **If no**: Oakland A's  
- **If yes**: Chan, Wilma

### 3. Recipients

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

- **B. Name of Individual** (Last, First)  
- **Number of Ticket(s)/Passes(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)/Passes(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.

- **Designee**: Sarah Oddie  
- **Supervisor's Assistant**:  
- **Title**:  
- **Date**: 09.25.2018

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

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

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

Face Value of Each Ticket/Pass $100 ticket/$20 parking

Event Description Baseball game

Date(s) 09/04/18

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

If no: Oakland A’s
Name of Source

If yes: Chan, Wilma
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.

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

San Leandro Boys+Girls Club, 401 Marina Blvd, San Leandro, CA 94577

6+1p To reward a school or nonprofit organization for its contributions to the community

Youth services/program nonprofit in San Leandro

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 09.25.2018

Title

Comment: 

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

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

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 45
Event Description Baseball game
Date(s) 09 / 05 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

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

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

4. Verification
I have read and 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
09.25.2018

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
   Face Value of Each Ticket/Pass $ _______ 40
   Date(s) 09/07/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If yes: Oakland A's
   If no: 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 ☐
      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.

   /s/ Sarah Oddie
   Supervisor's Assistant
   09.25.2018

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  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
   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 $ 40
   Date(s) 09 / 08 / 18
   If no:  Oakland A's
   If yes:  Chan, Wilma

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

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

B. Name of Individual
   (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
   Ceremonial Role ☐ Other ☐ Income ☐

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

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie  Supervisor’s Assistant
   Title
   Date Stamp 09.25.2018
   Comment:

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Sarah Oddie

   Area Code/Phone Number 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 ☐
   Face Value of Each Ticket/Pass $90 ticket/20 park
   Event Description Baseball game
   Date(s) 09 / 08 / 18

   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

   McCormick, Mike 2

   Carmona, Laurie 2

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

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

   Sarah Oddie
   Supervisor's Assistant
   09.25.2018
   Print Name
   (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 $ 90 ticket/20 park
   Event Description Baseball game
   Date(s) 09/08/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   Official's Name (Last, First)
   If yes: Chan, Wilma

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

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

   B. Name of Individual Number of Ticket(s)/Pass(es) Identify one of the following:
   (Last, First) Ceremonial Role Other Income
   Laber, Rocky 4
   To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

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

4. Verification
   I have read and 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 09.25.2018
   Designee Print Name Title (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 $90 ticket
   Event Description: Baseball game
   Date(s): 09/08/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source: Chan, Wilma
   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 individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☑ Other ☐ Income ☐
      If checked "Ceremonial Role" or "Other" describe below:
      To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
      Ceremonial Role ☐ Other ☩ Income ☐
      If checked "Ceremonial Role" or "Other" describe below:
      2

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

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

   Sarah Oddie
   Supervisor's Assistant
   09.25.2018
   (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

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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 $ 90 ticket/20 park

Event Description Baseball game

Date(s) 09 / 08 / 18

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

If no: Oakland A’s

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

Geisner, Benjamin 4+1p

Ceremonial Role ☐ Other ☐ Income ☐

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

Geisner, Benjamin 4+1p

Ceremonial Role ☐ Other ☐ Income ☐

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

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

Number of Ticket(s)/Pass(es)

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

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

- Sarah Oddie
  Signee

- Supervisor’s Assistant
  Title

09.25.2018
  (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
   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 $90 ticket/$40 MVP
   Date(s) 09/08/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   If yes: Chan, Wilma

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

4. Verification
   I hereby report 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  10.01.2018
   (Last, First)  Title  (Month, Day, Year)

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

1. Agency Name  
Alameda County

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

Designated Agency Contact (Name, Title)  
Sarah Oddie

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

Date Stamp

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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 ticket/$20 parking

Event Description  
Baseball game

Date(s)  
09 / 09 / 18

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

If no:  
Oakland A's  
Name of Source  
Chan, Wilma  
Official's Name (Last, First)

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

3. Recipients

* Use Section A to identify the agency's department or unit.  
* Use Section B to identify an 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  
(Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐ |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<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></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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Futures Women+Children, 1395 Bancroft Ave, San Leandro, CA 94577 18+3p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

I have read and understand FPPC Regulations 19944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie  
(Signature)

Supervisor's Assistant  
(Print Name)

09.25.2018  
(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

Date Stamp

A Public Document
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
   Date(s) 09/09/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source: Chan, Wilma
   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
   Satellite Affordable Housing Associates, 1835 Alcatraz Ave, Berkeley, CA 94703
   2 To reward a school or nonprofit organization for its contributions to the community
   Affordable housing development + advocacy

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.
   Sarah Oddie
   Supervisor's Assistant
   09.25.2018
   (Month, Day, Year)
   Designee
   Print Name
   Title
   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 ☐
   Face Value of Each Ticket/Pass $ __________  35
   Event Description  Baseball game
   Date(s)  09 / 18 / 18
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☒
   If no:  Oakland A’s
   Name of Source
   If yes:  Chan, Wilma
   Official’s Name (Last, First)

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

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

   B. Name of Individual  (Last, First)  Number of Ticket(s)/Pass(es)  Identify one of the following:
   Reed, Charles  2  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.

   Designee  Supervisor’s Assistant
   Sarah Oddie  09.25.2018
   Print Name  Title
   ______________________________
   (Month, Day, Year)

Comment:  

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Sarah Oddie

Area Code/Phone Number 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

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) 09 / 19 / 18

If no: Oakland A's

If yes: Chan, Wilma

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

(Cast, 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:

B. 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

Assumption Catholic School, 1851 136th Ave, San Leandro, CA 94578

2

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

4. Verification

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

Sarah Oddie

Supervisor's Assistant

09.25.2018

(Final, 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
- **Face Value of Each Ticket/Pass** $35
- **Date(s)** 09/20/18
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑

**Name of Source**
Oakland A's

**Official's Name (Last, First)**
Chan, Wilma

### 3. Recipients

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐ Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pisano, Charles</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describes below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

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

**Signee**

Sarah Oddie  
Supervisor's Assistant  
Print Name  
Title  
09.25.2018  
(Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Date(s) 09 / 20 / 18
   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
   If no: Oakland A’s
   If yes: Chan, Wilma

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

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

   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, Sarah Oddie, Supervisor’s Assistant, verify that the distribution set forth above is in accordance with the requirements.
   09.25.2018
   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 $ $45
   Date(s) 09 / 22 / 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
   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:

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Afrikan Black Coalition, 12651 San Pablo Ave., Richmond, CA 94805
      2
      To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...
      Student leadership & empowerment

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
   09.26.2018
   Print Name
   Title
   (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)
Sarah Oddie

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


2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ $90 ticket
Event Description Baseball game
Date(s) 09 / 22 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

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

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
Afghan Coalition, 39155 Liberty St D-460, Fremont, CA 94538 3 To reward a school or nonprofit organization for its contributions to the community

Afghan refugee+immigrant service provider

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 09.25.2018
(ssigned) (ssigned) (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 ☐
Face Value of Each Ticket/Pass $ $35
Event Description Baseball game
Date(s) 09/23/18
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.

<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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</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>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 (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>Lakeside Senior Apt., 1507 2nd Ave, 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>Affordable housing apartment complex</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 09.25.2018
Assignee 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)
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 $ 90.00
Event Description: A's
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:
If yes: 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.

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:
   Velez, Norberto 18/3

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
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 Ferguson
Print Name
Ticket Administrator
Title
9/4/18
(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
501-272-6691 leean.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $200.00
Event Description: Sam Smith
Date(s) 9/4/18
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ Name of Source
If yes: Haggerty, Scott
If no: GSW

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>
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</tr>
<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>Giles, Charla</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>
</tbody>
</table>

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>
<tr>
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<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
Ticket Administrator
8/27/18 (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 SUPER
Designated Agency Contact (Name, Title)
LEE ANN FERGERSON
Area Code/Phone Number
510-272-6691
E-mail
LEEANN.FERGERSON@ACGOV.ORG

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 90.
Event Description: A'S BASEBALL
Date(s) 9 / 7 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: OAKLAND ATHLETICS
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>GSA DEPARTMENT</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

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

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

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

Signature of Agency Official: LEE ANN FERGERSON
Print Name: LEE ANN FERGERSON
Title: TICKET ADMINISTRATOR
Date: 9/10/18

Comment:
## Agency Report of:

**Ceremonial Role Events and Ticket/Pass Distributions**

**1. Agency Name**
Alameda County

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

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

**Area Code/Phone Number**
510-272-6691

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

**2. Function or Event Information**
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass $** 305.55
- **Date(s)** 9 / 10 / 18
- **Event Description:** Raiders
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **If yes:** GSW
- **Name of Source:** Haggerty, Scott
- **If 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

<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>
</table>

| Davidson, Allen                   | 4/1                         | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. |

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

<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>Davidson, Allen</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>

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

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

**4. Verification**

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

Signature of Agency Head or Designee: ____________________________

Print Name: Lee Ann Fergerson

Ticket Administrator Title: ____________________________

Date of Original Filing: __________ (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
A Public Document

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 E-mail
510-272-6991 leeann.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: Baseball Date(s) 9 / 18 / 18
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: 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.

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

B. Name of Individual (Last, First) Number of Ticket(e)/ Passes Identify one of the following:
Chase, Stacey 2 To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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

4. Verification
Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the above.
Signature of Agency Head or Designee
Lee Ann Fergerson
Print Name Ticket Administrator
8/24/18 Title
(month, day, year)

Comment:

FFPC Form 882 (2/2016)
FFPC 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
Lee Ann Fergerson, Ticket Administrator

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

Date Stamp: California Form 302
Amendment: (Must Provide Explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes [X] No [□]  Face Value of Each Ticket/Pass: $35.00
Event Description: Baseball
Date(s): 9/18/18
Ticket(s)/Pass(es) provided by agency? Yes [X] No [□]
If no: Oakland Athletics
Name of Source: Haggerty, Scott
If yes: [□]
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit
   Number of Ticket(s)/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
   Livermore Unified School District
   685 East Jack London Boulevard
   Livermore, CA 94551-1855
   To reward a school or non-profit organization for its contributions to the community

4. Verification

I, Lee Ann Fergerson, Ticket Administrator, verify that the distribution set forth above, is in accordance with sections 18944.1 and 18942.

Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title
Date (month, day, year)

Comment:

FPPC Form 302 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 35.00
   Event Description: Baseball
   Date(s) 9 / 18 / 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>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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>Chase, Stacey</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification
   I understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regulations.
   Signature of Agency Head or Designee: __________________________
   Lee Ann Fergerson
   Print Name
   Ticket Administrator
   Title
   8/24/18
   (month, day, year)
   Comment: ____________________________________________________
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   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 $35.00
   Event Description: Baseball
   Date(s) 9/18/18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland Athletics
   Name of Source: Haggerty, Scott
   If yes: Haggerty, Scott
   Official’s Name (Last, First)

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

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

   B. Name of individual
      (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      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
      Livermore Unified School District
      2
      To reward a school or non-profit organization for its contributions to the community

4. Verification
   I, Lee Ann Ferguson, in accordance with Government Code 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 Ferguson
   Print Name
   Ticket Administrator
   Title
   8/24/18
   (Month, Day, Year)

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Baseball
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: $35.00
Date(s): 9/23/18
If no: Oakland Athletics
Name of Source: 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>

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

<table>
<thead>
<tr>
<th>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>Alameda County School Board Association 68 Via Matero San Lorenzo, CA 94580</td>
<td>4</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Signature of Agency: [Signature]
Print Name: Lee Ann Fergerson
Title: Ticket Administrator
Date: 7/25/18
Comment: Contact Person: Penny Peck, Vice President Alameda County School Board Association

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)
Lee Ann Fergerson, Ticket Administrator

Area Code/Phone Number  E-mail
510-272-691  leean.fergerson@acgov.org

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 304.80

Event Description:  Warriors/Timberwolves

Date(s)  9 / 29 / 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>Paxton, Chris</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>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☒ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

4. Verification

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

Signature of Agency Head or Designee

Lee Ann Fergerson
Ticket Administrator

Print Name  Title

9/30/18 (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 $ 304.80
Event Description: Warriors/Timberwolves
Date(s) 9 / 29 / 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:
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
Chaset, Nick
4
To reward a school or non-profit organization for its contributions to the community.

1111 Broadway, 3rd floor Oakland, CA 94607

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

Signature of Agency

Lee Ann Ferguson
Print Name
Ticket Administrator
Title
9/27/18
(month, day, year)
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions
### A Public Document

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** $305.55
   - **Event Description:** Raiders football game
   - **Date(s):** 9/30/18
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [ ]
   - **If no:** GSW
   - **If yes:** Haggerty, Scott

3. **Recipients**
   - *Use Section A to identify the agency's department or unit. *Use Section B to identify an individual. *Use Section C to identify an outside organization.
   
   **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 [ ]
   
   **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**
   - **7PC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance**
   - [ ]
   - **Lee Ann Fergerson**, Print Name
   - **Ticket Administrator**, Title

   **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 Distribution

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 200
Event Description: Sam Smith
Date(s) 9 / 4 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Coliseum JPA
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Miley, Nathan
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

B. Name of individual (Last, First)
Miley, Sarah

C. Name of Outside Organization (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 Supervisor 11/7/18
Print Name Title (month, day, year)

Comment: 

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

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

2. **Function or Event Information**  
   **Does the agency have a ticket policy?** Yes ☒ No ☐  
   **Event Description:** League of Legends  
   **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 $_________**  
   **Date(s)** 8 / 8 / 18  
   **If no:** Coliseum JPA  
   **Name of Source**  
   **Official's Name (Last, First)** Miley, Nathan  

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 ☐  
   To increase attendance at a county sponsored event or at an event hosted in a county facility  

   **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** Print Name  
   **Supervisor** Title  
   **(month, day, year)** 11/7/18  

   **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, District 4
Designated Agency Contact (Name, Title): Nathan Miley
Area Code/Phone Number: (510) 272-6694
E-mail: district4@acgov.org

2. Function or Event Information

Does the agency have a ticket policy? Yes [x] No [ ]
Face Value of Each Ticket/Pass $ ________________
Event Description: League of Legends
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
Date(s): 9 / 9 / 18
Was ticket distribution made at the behest of agency official? Yes [x] 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>Describes the public purpose made pursuant to the agency's policy</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td>Gee, Terrance</td>
<td>2</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance at a county sponsored event or at an event hosted in a county facility</td>
</tr>
<tr>
<td>Chan, Kai</td>
<td>2</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance at a county sponsored event or at an event hosted in a county facility</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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4. Verification

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

Nathan Miley [X]

Print Name

Supervisor

Title

11/7/18 (month, day, year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? [Yes] [No]
Event Description: Raiders
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 $305.55
Date(s) 9/10/18
If no: Coliseum JPA
Name of Source: Miley, Nathan
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>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>Reems, Brondon</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td>To reward a community volunteer for their service to the public</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jackson, Bob</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td>To reward a community volunteer for their service to the public</td>
<td></td>
<td></td>
</tr>
</tbody>
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<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</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.

Nathan Miley
Print Name
Supervisor
Title
11/7/18
(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, District 4
Designated Agency Contact (Name, Title)
Nathan Miley
Area Code/Phone Number E-mail
(510) 272-6694 district4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐  Face Value of Each Ticket/Pass $ 200
Event Description: BTS World Tour
Date(s) 9 / 12 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Coliseum JPA
If yes: Miley, Nathan

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:

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 11/7/18
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, District 4
Designated Agency Contact (Name, Title)
Nathan Miley
Area Code/Phone Number
(510) 272-6694
E-mail
district4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 100
Event Description:
J. Balvin
Provide Title/Explanatory
Date(s) 9/20/18
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Coliseum JPA
Name of Source
If yes: Miley, Nathan
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>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td>Rodriguez, Coco</td>
<td>4</td>
<td>To reward a community volunteer for their service to the public</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>

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<tr>
<th>C. Name of Outside Organization (includes address and description)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Nathan Miley
Supervisor
11/7/18
(month, day, year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $304.80
Event Description: Warriors
Date(s) 9/29/18
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Coliseum JPA
Name of Source
If yes: Miley, Nathan
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>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Ceremonial Role ☒ Other ☐ Income ☐ Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armstrong, Erin</td>
<td>2</td>
<td>To reward a county employee for his or her exemplary service to the public</td>
</tr>
<tr>
<td>Brooks, Patricia</td>
<td>2</td>
<td>To reward a county employee for his or her exemplary service to the public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</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.

Nathan Miley
Supervisor
Print Name
Title
11/7/18
(month, day, year)

Comment:

FPPC Form 902 (2/2016)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
**Agency Name**
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors, District 4
Designated Agency Contact (Name, Title)
Nathan Miley

**Area Code/Phone Number**
(610) 272-6694
**E-mail**
disinct4@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) 9/30/18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Coliseum JPA
Name of Source
If yes: Miley, Nathan
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>
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<tr>
<th>Name of Agency, Department or Unit</th>
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<tr>
<th>B. Name of individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linton, Donna</td>
<td>2</td>
<td>To reward a community member for his or her service to the public</td>
<td></td>
</tr>
<tr>
<td>King, Dorothy</td>
<td>2</td>
<td>To reward a community member for his or her service to the public</td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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**4. Verification**

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

Nathan Miley
Print Name
Supervisor
Title
11/7/18
(month, day, year)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Gabriela Christy

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

Provide Title/Explanation

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)

Date(s) 09 / 04 / 18

3. Recipients

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

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<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>Jacob, Amanda</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
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<td>To reward a community volunteer for his or her service to the public</td>
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<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>
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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.

Gabriela Christy
Supervisor's Assistant

Print Name Title

(Month, Day, Year)

Comment:
### 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** 2018 NA LCS Summer Finals

**Face Value of Each Ticket/Pass $** 200

**Date(s)** 09/08/18 09/09/18

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

**Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑  
**If yes:** Valle, Richard - Supervisor District 2

**Official’s Name (Last, First)**

### 3. Recipients

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

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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</tbody>
</table>

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐ |
|-------------------------------------|-----------------------------|-----------------------------------------------------------------|
| Nunez, Mario                        | 4                           | Ceremonial Role ☐ Other ☐ Income ☐  
To reward a community volunteer for his or her service to the public |
| Nguyen, Julie                       | 4                           | Ceremonial Role ☐ Other ☐ Income ☐  
To reward a community volunteer for his or her service to the public |

<table>
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<th>C. Name of Outside Organization (include address and description)</th>
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### 4. Verification

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

[Signature]

Gabriela Christy  
Print Name

[Signature]

Supervisor’s Assistant  
Title

(Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number
   (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
   Event Description
   Raiders vs. Rams
   Date(s) 09 / 10 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   (Provide Title/Explanation)
   If no, Name of Source
   Name of Source
   Oakland Athletics
   If yes, Name of Source
   Name of Source
   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:
   
   Alvarado, Carina | 3/1
   
   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 [Print Name] Supervisor’s Assistant [Title] (Month, Day, Year)
   
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 [x]
   Face Value of Each Ticket/Pass $ 20
   Event Description BTS
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Event Date(s) 09 / 12 / 18
   If no: GSW
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [x]
      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
   (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 E-mail
   (510) 272-6692 Gabriela.Christy@acgov.org

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

   Event Description

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Gabriela Christy (@acgov.org)

   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Gabriela Christy (@acgov.org)

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

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

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

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

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

   Gabriela Christy
   Supervisor's Assistant

   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
   Date Stamp
   California Form 802
   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 Childish Gabino
   Date(s) 09 / 27 / 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) | Identify one of the following:
   
   
   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
   AICO Democratic Party 510.873.0222 4 To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy Supervisor's Assistant
   Print Name Title
   (Month, Day, Year)
   Comment: Fundraiser for their Unity Dinner Gala

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 97.50
   Event Description: Jerwin Anajas vs. Alejandro Santiago
       (Provide Title/Explanatory)
   Date(s)       09 / 28 / 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)
   Identify one of the following:
       Ceremonial Role ☐ Other ☐ Income ☐
       Ceremonial Role ☐ Other ☐ Income ☒
       (If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization
       (Include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
       La Familia 2971 Shattuck Ave, Berkeley, CA 94705
       4
       – To reward a school or nonprofit organization for its contributions
to the community
       La Familia is an inclusive, Latino, community-based, multicultural organizat
       committed to strengthening the emotional wellness of individuals
and the preservation of families.

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy
       Signature
   Supervisor's Assistant
       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 E-mail
(510) 272-6692 Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $304.80
Event Description Warriors vs. Timberwolves
Provide Title/Explanation
Date(s) 09 / 29 / 18
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.

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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<tr>
<td>Alameda County School Board Association (313 Winton Ave 94544)</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
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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

Comment: Raffle to promote attendance at the School Board Association Ice Cream Social

FPPC Form 802 (4/12)
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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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
Event Description Raiders vs. Browns
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Athletics
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If yes: Valle, Richard- Supervisor District 2
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
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Gabriela Christy Supervisor’s Assistant 11/17

Comment: