### 1. Agency Name
Alameda County

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description:** WARRIORS BASKETBALL
- **Face Value of Each Ticket/Pass:** $60.00
- **Date(s):** 11 / 2 / 18
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
- **Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐

### 3. Recipients
- **A. Name of Agency, Department or Unit:** Alameda County Auditor's Office
- **Number of Ticket(s)/Passes:** 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 (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:**

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

  Signature of Agency Head or Designee: Lee Ann Fergerson

  Print Name: Leeann.fergerson@acgov.org

  Title: Ticket Administrator

  Date: 11/2/18
  (month, day, year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Ticket Administrator
Area Code/Phone Number 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: Liza Wang Benefit Concert
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 60.00
Date(s) 11 / 3 / 18
If no: GSW
Name of Source
If yes: Haggerty, Scott
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit
Number of Ticket(s)/Passes
Describe the public purpose made pursuant to the agency's policy
Board of Supervisors, District 3
4
To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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.

Lee Ann Fergerson
Ticket Administrator
11/2/18
(month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Ticket Administrator
   Area Code/Phone Number
   510-272-6691
   E-mail
   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
   Date(s) 11/05/18
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: GSW
   If yes: Haggerty, Scott
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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

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

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

      Martinez, Ralph
      4
      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(s)/Passees
      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:

   Lee Ann Fergerson
   Ticket Administrator
   11/5/18
   (month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Ticket Administrator
   Area Code/Phone Number E-mail
   510-272-6691 leeann.fergerson@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 $ 305.55
   Event Description: Raiders
   Date(s) 11/11/19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: GSW
   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(s)/Passes Describe the public purpose made pursuant to the agency's policy
      
      B. Name of Individual Number of Ticket(s)/Passes Identify one of the following:
         (Last, First) To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
         
         Ceremonial Role ☐ Other ☐ Income ☐
         If checking “Ceremonial Role” or “Other” describe below:
         
         C. Name of Outside Organization Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy
            (include address and description)

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with:
   
   Signature of Agency Head or Designee
   Lee Ann Fergerson Print Name
   Ticket Administrator
   Title
   11/14/18 (month, day, year)
   
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Oakland/Alameda County Coliseum Authority
   Division, Department, or Region (if applicable)
   OACCA Commissioner
   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 ☐
   Face Value of Each Ticket/Pass $ 304.80
   Event Description: WARRIORS BASKETBALL
   Date(s): 11/13/18, 11/21/18
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: GSW
   Name of Source
   If yes: Haggerty, Scott
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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                | Number of Ticket(s)/Passes | Identify one of the following: |
   | (Last, First)                        |                           | 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)/Passes | Describe the public purpose made pursuant to the agency's policy |
   | (Include address and description)    |                           |                                                               |
   | TEAMSTERS 856                        | 4                         | To Reward a school or nonprofit organization for its contributions to the community. |
   | 453 San Mateo Ave, San Bruno, CA 94066 |                           |                                                               |
   | Phone: (650) 635-0111                |                           |                                                               |

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:

   Lee Ann Fergerson, Ticket Administrator

   Comment: Raffles tickets to fundraise for their solidarity fund which benefits their members in need.

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson
   Area Code/Phone Number
   510-272-691
   E-mail
   leeanne.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Warriors vs. Thunder
   Face Value of Each Ticket/Pass $ 304.80
   Date(s) 11 / 21 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: GSW
   If yes: Haggerty, Scott
   Name of Source
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with it.
   □ ☐ Lee Ann Fergerson
      Print Name
      Ticket Administrator
      Title
      11/19/18
      (month, day, year)
      Comment: ________

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

1. Agency Name  
Alameda County  
Division, Department, or Region (if applicable):  
Board of Supervisors  
Designated Agency Contact (Name, Title):  
Lee Ann 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 ☐  
Face Value of Each Ticket/Pass $304.80  
Event Description: Warriors  
Date(s): 11/23/18  
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐  
If no: GSW  
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐  
If yes: Haggerty, Scott  
Official's Name (Last, First)  

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

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

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

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

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

Lee Ann Fergerson  
Ticket Administrator  
11/5/18 (month, day, year)  

Comment:  

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

**1. Agency Name**
Alameda County

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

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

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

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

**Date Stamp**

---

**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)** 11 / 24 / 18
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No □
- **Was ticket distribution made at the behest of agency official?** Yes ☑ No □
- **If no:** GSW
- **Name of Source:** Haggerty, Scott
- **Official’s Name (Last, First):**

---

**3. Recipients**

- **A. Name of Agency, Department or Unit**
  - Alameda County Sheriff's Dept.
  - **Number of Ticket(s)/Passes:** 4/1
  - **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.

- **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**

---

**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.

**Lee Ann Fergerson**  
Ticket Administrator  
11/6/18

**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: 510-219-6562
   E-mail: leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Fleetwood Mac
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $300.00
   Date(s): 11/25/18
   If no: GSW
   Name of Source: 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
      Alameda Fire Department
      4/1
      To reward a community volunteer for his or her service to the public

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the law.
   Lee Ann Ferguson ☐
   Print Name
   Ticket Administrator ☐
   Title
   11/22/18
   (month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Ticket Administrator

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

   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 $304.80
   Event Description: Warriors vs. Hawks
   Date(s) 11/13/18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: GSW
   Name of Source
   If yes: Haggerty, Scott
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<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.</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>GIVETEENS20</td>
<td>4/1</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

   Lee Ann Fergerson
   Print Name
   Ticket Administrator
   Title
   10/24/18
   (month, day, year)

   Comment: Fundraiser to help fund GT20's in-class presentations and coaching programs, help increase capacity and create additional content for their website.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
ALAMEDA COUNTY
BOARD OF SUPERVISORS
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 $ 304.80
Event Description: WARRIORS VS. PORTLAND
Date(s) 11/23/19
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: GSW
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.

<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>
</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>if checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking “Ceremonial Role” or “Other” 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)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALAMEDA COUNTY DEMOCRATIC PARTY</td>
<td>4/1</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

LEE ANN FERGerson
Print Name
TICKET ADMINISTRATOR
Title 10/25/18
(month, day, year)

Signature of Agency Head or Designee

Comment: FUNDRAISER FOR THE 48TH ANNUAL UNITY DINNER
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Lee Ann Fergerson, Ticket Administrator

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 Basketball
   Date(s) 11/24/18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: GSW
   Name of Source
   If yes: Haggerty, Scott
   Official's Name (Last, First)

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

   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
      Tri-City Elder's Coalition
      3300 Capitol Ave #B Fremont, CA 94536
      To reward a school or non-profit organization for its contributions to the community

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance
   Lee Ann Fergerson Ticket Administrator 10/11/18
   Signature of Agency Head or Designee Print Name Title (month, day, year)
   Comment: Senior's Night Out Annual Fundraiser. Serving Homebound Seniors in Fremont, Newark & Union City CA.

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Gabriela Christy
Area Code/Phone Number 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 $ ____________ 304.80/30
Event Description Warriors vs. Minnesota
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)

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>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>League of Woman Voters</td>
<td>4/1</td>
<td>- To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>a nonpartisan political organization, encourages informed and active</td>
<td></td>
<td>participation in government, works to increase understanding of major public policy issues, and influences public policy through ed</td>
</tr>
</tbody>
</table>

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

Gabriela Christy  Supervisor’s Assistant
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)
   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  Family Bridges Liza Wang
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 100
   Date(s) 11 / 03 / 18
   If no: GSW
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/ Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      - To reward a 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, Gabriela Christy, Supervisor's Assistant, Title, have verified that the distribution set forth above, is in accordance with the requirements.

   Print Name
   Supervisor's Assistant
   Title
   Date (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
Desgnated Agency Contact (Name, Title)
Gabriela Christie
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 $ 304.80/30
Event Description Warriors vs. Memphis
Provide Title/Explanation
Date(s) 11 / 05 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: GSW
If yes: Valle, Richard- Supervisor District 2
Name of Source
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>

<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>Vasquez, Osvaldo</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Jacob, Amanda</td>
<td>2 / 1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

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

Gabriela Christie
Supervisor's Assistant
Print Name
Title
(Month, Day, Year)

Comment: ____________________________

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

1. Agency Name
   Alameda County
   Board of Supervisors
   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 Twenty One Pilots
   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 $150
   Date(s) 11 / 11 / 18
   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.

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garcher, Randy</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To 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 “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC sections 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
   Date 1/0/19
   (Month, Day, Year)

Comment: __________________________________________

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Gabriela Christy

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

   Date Stamp
   California Form 802
   For Official Use Only

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 305.55/35
   Event Description Raiders vs. Chargers
   Provide Title/Explanation
   Date(s) 11 / 11 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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
      ______________________________________ | ___________________________ | ____________________________________________________________
      ______________________________________ | ___________________________ | ____________________________________________________________

   NAACP Hayward South County 1218 B St, Hayward, CA 94541
   3/1
   - To reward organization for contributions to the community
   youth participate in defining personal, educational and professional goals and a
   achieve them through life changing programs, projects, group mentoring and one-on-one coaching, provided in part, by mentors

4. Verification
   Iations 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) 1/9/19

Comment: Fundraiser for their Annual Gala.
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

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 $ 304.80/30
Event Description Warriors vs. hawks
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: GSW
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)
Date(s) 11 / 13 / 18

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ornelas, Fernando</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To reward a community volunteer for his or her service to the public</td>
</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>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>Hayward Arts Council 22100 Princeton St H2, Hayward, CA 94541</td>
<td>2</td>
<td>- To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>embrace all forms of art in the entire Hayward California region – part of the San Francisco Greater Bay Area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understood Government Code sections 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: 2 tickets were awarded to the Hayward Arts Council for their Annual Fundraiser

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

Alameda County

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

Board of Supervisors

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

Gabriela Christy

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

**Date Stamp**

### 2. Function or Event Information

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

Face Value of Each Ticket/Pass $ **300**

Event Description **Kevin Hart**

Date(s) **11/17/18**

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

If no: **GSW**

Name of Source **Valle, Richard - Supervisor District 2**

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

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

### 3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belich, Joshua</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

### 4. Verification

I hereby certify 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
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number E-mail
   (510) 272-6892 Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $304.60
   Event Description Warriors vs. Thunder
   Date(s) 11 / 21 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: GSW
   Name of Source Vallee, Richard - Supervisor District 2
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

   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 ☐
      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
      Hayward Adult School 22100 Princeton St, Hayward, CA 94541 4/1
      The mission of The Hayward Center for Education & Careers (Adult School) is to
      provide quality, life long educational opportunities resulting in enhanced workplace skills and bridges to further education as we

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy
   Supervisor's Assistant
   (Month, Day, Year)
   Comment:

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

1. Agency Name
   Alameda County
   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 $ 304.80/80
Event Description Warriors vs. trailblazers
Provide Title/Explanation
Date(s) 11 / 23 / 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:
Benson, Andre 2 / 1 — To reward a County employee for his or her exemplary service to the public or to encourage staff development
Colon, Irma 2 — To reward a community volunteer for his or her service to the public

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

4. Verification
I, the undersigned, under penalty of perjury, declare(s) 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

Comment: ____________________________

Date Stamp California Form 802 (4/12)
For Official Use Only

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) 272-6682
   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 $ _______ 204.00
   Event Description Warriors vs. kings
   Date(s) 11 / 24 / 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.

   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
      NAACP Hayward South County 1218 B St, Hayward, CA 94541
      4/1
      - To reward a school or nonprofit organization for its contributions to the community
      and professional goals and achieve them through life changing programs, projects, group mentoring and one-on-one coaching, p

4. Verification
   I, Gabriela Christy, Supervisor’s Assistant, have verified that the distribution set forth above, is in accordance with the requirements.

   Date (Month, Day, Year) 11/19

   Comment: Fundraiser for their Annual 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**
- (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 $**
- **Date(s) 11 / 25 / 18**

**Event Description**
- Fleetwood Mac

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

**Was ticket distribution made at the behest of agency official?**
- No [ ] Yes [X]

**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

<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>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salinas, Jennifer</td>
<td>4</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>- To reward a community volunteer for his or her service to the public</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 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)

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description  Warriors vs. Magic
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)
Face Value of Each Ticket/Pass $ 304.80
Date(s) 11 / 26 / 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>
<tbody>
<tr>
<td>Jone, Martha</td>
<td>2 / 1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Snowball, Sharon</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To reward a community volunteer for his or her service to the public</td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

4. Verification
I 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  1/9/19

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

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

   □ 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 Trans- Siberian Orchestra
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 11/28/18
   If no: GSW
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      | Number of Ticket(s)/Pass(es) | Identify one of the following: |
      |-------------------------------|---------------------------------|
      Gveil, ABE 4 | Ceremonial Role ☐ Other ☐ Income ☐ |
      | If checking "Ceremonial Role" or "Other" describe below: |
      | To reward a community volunteer for his or her service to the public |
      | Ceremonial Role ☐ Other ☐ Income ☐ |
      | If checking "Ceremonial Role" or "Other" describe below: |

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

4. Verification
   I have read and understand FPPC regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy
   Supervisor’s Assistant
   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)
   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
   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 $304.80 ticket/$30 park
   Date(s) 11/02/18
   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:

   Finley, Delvecchio 2 | Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
   2 | 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 understood FPPC Regulations 19941 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie
   Field Representative

   11.27.2018
   (Month, Day, Year)

   Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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   Basketball Game
   Face Value of Each Ticket/Pass $304.80 ticket/$30 park
   Date(s)   11 / 02 / 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   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...

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

4. Verification
   I certify under penalty of perjury under the laws of California, Sections 18944.1 and 18942, that I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie   Field Representative   11.27.2018
   Print Name   Title   (Month, Day, Year)

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

1. Agency Name
   Alameda County

   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number (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 $ $60
   Event Description Family Bridges benefit concert
   Date(s) 11 / 03 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   If yes: Chan, Wilma
   Name of Source
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   Chan, Carl 10 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
   10
   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, an authorized CCPA representative, 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie Field Representative 11.27.2018 (Month, Day, Year)

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 [x] No [ ]
   Event Description: Basketball Game
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Face Value of Each Ticket/Pass: $304.80 ticket/$30 park
   Date(s): 11/05/18
   If no: Golden State Warriors
   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.

<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>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>O'Malley, John</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>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

4. Verification
   Date: 11/27/18
   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)**
   - Sarah Oddie

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

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Event Description** Basketball Game
   - **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 $** 304.80 ticket/$30 park

   **Date(s)** 11 / 05 / 18

   **Name of Source**
   - Golden State Warriors

   **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**
      - 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 ☐
   - 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 (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**
   - Print Name

   **Field Representative**
   - Title

   **11.27.2018**
   - (Month, Day, Year)

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

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

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

   Date Stamp
   □ 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) 11 / 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:

      Ceremonial Role ☐ Other ☐ Income ☐

      Ceremonial Role ☐ Other ☐ Income ☐

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

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

   C. Name of Outside Organization (Include address and description) ____________

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

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

      Lend a Hand Foundation, 7730 Pardee Ln, Oakland, CA 94621
      3+1park
      To reward a school or nonprofit organization for its contributions to the community

      Foundation for programs to serve low-income/at-risk youth & families

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

   Sarah Oddie  Field Representative  11.27.2018
   Print Name  Title  (Month, Day, Year)

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $150

Event Description: Twenty One Pilots
Provide Title/Explanation:
Date(s): 11/11/18

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source:
If yes: Chan, Wilma
Official’s Name (Last, First):

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<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>Galvan, Gordon</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td>Jones, Denise</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
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4. Verification
I have read and understand sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie
Print Name
Field Representative
Title
11.27.2018 (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Basketball Game
Provider Title/Explanatio
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 $304.80 ticket/$30 park
Date(s) 11 / 13 / 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:

Irmer, David 2+p

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

2+p

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

Trybe, Inc., 2000 Park Blvd, Oakland, CA 94606 2

To reward a school or nonprofit organization for its contributions to the community
Community-building neighborhood transformation

4. Verification
I have verified that the distribution set forth above, is in accordance with the requirements.
Sarah Oddie Field Representative 11.27.2018
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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $300
   Event Description Kevin Hart
   Date(s) 11/17/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source Chan, Wilma
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Official's Name (Last, First)

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

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

   B. Name of 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 an 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, Sarah Oddie, the agency head or Designee, have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie  Print Name  Field Representative
   Field Representative  11.27.2018
   (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $304.80 ticket/$30 park
Event Description Basketball Game
Provide Title/Explanation
Date(s) 11/21/18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louie Howard, Angela</td>
<td>2</td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td>Murphy, Honora</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

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

Sarah Oddie
Field Representative
11.27.2018
(Month, Day, Year)

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

1. Agency Name
Alameda County

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

Date Stamp
California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $304.80 ticket/$30 park
Event Description Basketball Game
Provide Title/Explanation
Date(s) 11 / 23 / 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.

<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>Bass, Hilary</td>
<td>2+p</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2+p</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Sarah Oddie  Field Representative  11.27.2018
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**
(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 | $304.80 ticket/$30 park |
| Event Description | Basketball Game | Date(s) | 11 / 23 / 18 |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ No ☑ | If no: | Golden State Warriors |
| Was ticket distribution made at the behest of agency official? | No ☐ Yes ☑ | 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.

<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>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gebhart, Rebecca</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
</tbody>
</table>

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

---

**4. Verification**

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

Sarah Oddie
Field Representative
11.27.2018

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

2. Function or Event Information

| Does the agency have a ticket policy? | Yes ☑ No ☐ | Face Value of Each Ticket/Pass $ | $304.80 ticket/$30 park |
| Event Description | Basketball Game |
| Date(s) | 11/24/18 |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ No ☑ |
| If no: Golden State Warriors |
| 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 (Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

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

Teamsters Local 856, 453 San Mateo Ave, San Bruno, CA 94066
2+p
To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...

4. Verification
I hereby certify under the penalties of Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie
Print Name

Field Representative
Title
11.27.2018
(Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

   Division, Department, or Region (If Applicable)

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Sarah Oddie

   Area Code/Phone Number (510) 272-6693
   E-mail 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 $304.80 ticket/$30 park

   Event Description Basketball Game

   Provide Title/Explanation

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

   If yes: Golden State Warriors
   Name of Source

   If no: Chan, Wilma
   Official’s Name (Last, First)

   Date(s) 11/24/18

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
      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 an event held at a County facility in order to maximize potential County revenue...

   Sundararaman, Asha
   2

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      East Bay Agency for Children, 303 Van Buren Ave Oakland, CA 94610
      2+P
      To reward a school or nonprofit organization for its contributions to the community

      Nonprofit providing services to address trauma in children

4. Verification
   I hereby certify under penalties of perjury under the laws of California Government Code sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie
   Print Name
   Field Representative
   Title
   Date 11.27.2018

   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

2. **Function or Event Information**

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

   Face Value of Each Ticket/Pass $  $300

   Event Description Fleetwood Mac
   
   Date(s) 11/25/18
   
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   
   If yes: Golden State Warriors
   
   Name of Source Chan, Wilma
   
   If no: Name of Source
   
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   
   If yes: Official’s Name (Last, First)

3. **Recipients**

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

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

<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>
</table>

   **B. Name of Individual**

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

4. **Verification**

   According to regulations 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie
   
   Field Representative
   
   11.27.2018
   
   (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) 272-8693  
   E-mail  sarah.oddie@acgov.org

2. **Function or Event Information**  
   - Does the agency have a ticket policy? Yes ☒ No ☐  
   - Event Description  Trans-Siberian Orchestra  
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  
   - Did ticket distribution made at the behest of agency official? No ☐ Yes ☒  
   - Face Value of Each Ticket/Pass $ $100  
   - Date(s) 11 / 28 / 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**  
   **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**  
   **Number of Ticket(s)/Pass(es)**  
   **Describe the public purpose made pursuant to the agency’s policy**
   San Leandro Senior Community Center, 13909 E 14th St, San Leandro, CA  
   2  
   To reward a school or nonprofit organization for its contributions to the community

4. **Verification**  
   I, Sarah Oddie, Field Representative, certify that the distribution set forth above is in accordance with the requirements.

   Sarah Oddie  
   Field Representative  
   11.27.2018

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 $ $100
   Event Description Trans-Siberian Orchestra
   Provide Title/Explanation
   Date(s) 11/28/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source Chan, Wilma
   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 (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
      SOS-Meals on Wheels, 2235 Polvorosa Ave #260, San Leandro, CA 94577
      2
      To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Field Representative
   11.27.2018

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

   **Division, Department, or Region (if applicable)**
   - Board of Supervisors, District 4

   **Designated Agency Contact (Name, Title)**
   - Nathan Miley, Supervisor

   **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**
     - Golden State Warriors
   - **Date(s)**
     - 11 / 8 / 18
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **Was ticket distribution made at the behest of agency official?** Yes ☐ No ☒

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

<table>
<thead>
<tr>
<th>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></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)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland and Alameda County</td>
<td>20</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

   Nathan Miley  
   Print Name

   Supervisor, District 4
   Title

   01/09/2019  
   (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, Supervisor
Area Code/Phone Number E-mail
(510) 272-6694 district4@acgov.org

Date Stamp California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $305.55
Event Description: Raiders
Date(s) 11/11/18
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland 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>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<th>Identify one of the following:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Alive</td>
<td>2</td>
<td>To reward a school or nonprofit for its service to the public</td>
</tr>
<tr>
<td>Pleasanton Partners in Education</td>
<td>2</td>
<td>To reward a school or nonprofit for its service to the public</td>
</tr>
</tbody>
</table>

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

Nathan Miley
Print Name
Supervisor, District 4
Title
01/09/2019 (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, Supervisor
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 $ 150
Event Description: Twenty One Pilots
Date(s) 11/11/18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Coliseum JPA
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
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.

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
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<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>Armstrong, Erin</td>
<td>4</td>
<td></td>
<td>To reward a county employee for his or her service to the community</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>
</table>

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

Nathan Miley Supervisor, District 4 01/09/2019
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, Supervisor
   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: Golden State Warriors
   Date(s) 11 / 13 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   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>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kennedy, Jim</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To promote attendance at an event held in a county facility</td>
</tr>
<tr>
<td>Gridos, Steve</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To promote attendance at an event held in a county facility</td>
</tr>
</tbody>
</table>

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

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

   Nathan Miley
   Supervisor, District 4
   01/09/2019
   (month, day, year)

Comment: /
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Alameda County
   - Board of Supervisors, District 4

   **Designated Agency Contact (Name, Title)**
   - Nathan Miley, Supervisor

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Event Description:** R&B Super Jam
   - **Face Value of Each Ticket/Pass:** $100
   - **Date(s):** 11/16/18
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **If no: Oakland 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.*

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

   **B. Name of Individual**
   - **Name of Individual (Last, First):** Wong, Darlene
   - **Number of Ticket(s)/Passes:** 4
   - **Identify one of the following:**
     - Ceremonial Role ☐
     - Other ☐
     - Income ☐
   - **To reward a county employee for his or her service to the community**
   - **Ceremonial Role** ☐
   - **Other** ☐
   - **Income** ☐
   - **If checking "Ceremonial Role" or "Other" describe below:**

   **C. Name of Outside Organization**
   - **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, District 4  01/09/2019
   - (month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 4
   Designated Agency Contact (Name, Title)
   Nathan Miley, Supervisor
   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: Kevin Hart
   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 $ 300
   Date(s) 11 / 17 / 18
   If no: Oakland 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:
      Ceremonial Role ☐ Other ☐ Income ☐
      To reward a county employee for his or her service to the community
      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.

   Nathan Miley
   Supervisor, District 4
   01/09/2019

   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, Supervisor
   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: Golden State Warriors
   Face Value of Each Ticket/Pass $304.80
   Date(s) 11/21/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: 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
      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 promote attendance at an event held in a county facility
      If checking "Ceremonial Role" or "Other" describe below:

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

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

   Nathan Miley
   Supervisor, District 4
   01/09/2019
   (month, day, year)

Comment: 

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. **Agency Name**
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 4
   Designated Agency Contact (Name, Title)
   Nathan Miley, Supervisor
   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: Golden State Warriors
   Date(s) 11 / 23 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   If yes: Nathan Miley
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Balloue, Elizabeth</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held in a county facility</td>
</tr>
<tr>
<td>Sanftner, Paul</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a county employee for his or her service to the community</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>
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<tbody>
<tr>
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</table>

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

   Nathan Miley
   Supervisor, District 4
   01/09/2019
   (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, Supervisor
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: Golden State Warriors
Date(s) 11/24/18
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Golden State Warriors
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
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:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland and Alameda County 4 | To reward a school or nonprofit organization for their service 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.

Nathan Miley
Print Name
Supervisor, District 4
01/09/2019
(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, Supervisor
   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: Golden State Warriors
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 11/26/18
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   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.

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teamsters L656</td>
<td>4</td>
<td>To increase attendance at an event hosted in a county facility</td>
</tr>
</tbody>
</table>

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

   Nathan Miley
   Supervisor, District 4
   01/09/2019
   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, Supervisor  
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 $100  
Event Description: Trans-Siberian Orchestra

Date(s)  
11/28/18

Ticket(s)/Pass(es) provided by agency?  
Yes [x] No [ ]  
If no: Oakland Coliseum JPA  
Name of Source

Was ticket distribution made at the behest of agency official?  
Yes [x] No [ ]  
If yes: Miley, Nathan

Officer's Name (Last, First)

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

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

| B. Name of Individual  
(Last, First) | Number of Ticket(s)/Passes | Identify one of the following:  
Ceremonial Role [ ] Other [ ] Income [ ]  
To reward a county employee for his or her service to the community

| Armstrong, Erin | 4 | Ceremonial Role [ ] Other [ ] Income [ ]  
If checking "Ceremonial Role" or "Other" describe below: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| C. Name of Outside Organization  
(include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
<table>
<thead>
<tr>
<th></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, District 4  
Title  
01/09/2019  
(month, day, year)

Comment:  

FPPC Form 802 (2/2016)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Agency Name:** Alameda County  
**Board of Supervisors**  
**Designated Agency Contact:** Briana Brown  
**Area Code/Phone Number:** (510) 272-4695  
**E-mail:** briana.brown2@acgov.org  

**2. Function or Event Information**
- **Does the agency have a ticket policy?** Yes ☑ No ☐  
- **Event Description:** Warriors Basketball  
- **Face Value of Each Ticket/Pass:** $304.80  
- **Date(s):** 11/02/18  
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑  
- **If no: Golden State Warriors**  
- **Name of Source:**  
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑  
- **If yes: Official’s Name (Last, First):**  

**3. Recipients**
- **A. Name of Agency, Department or Unit**  
- **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** ☐  

- **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**  
  - **Moovers and Groovers:** 4  
  - **To reward a school or nonprofit organization for its contributions to the community**  

**4. Verification**

I, ___________________________ [Signature]

Print Name: ___________________________

Title: ___________________________

Date: 4/5/19

Comment: Parking Pass: $30.00  

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** (510) 272-6695

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

**Date Stamp**

**California Form 802**
For Official Use Only

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

**Date of Original Filing:**

(Month, Day, Year)

### 2. Function or Event Information

**Does the agency have a ticket policy?**

Yes ☑ No ☐

**Face Value of Each Ticket/Pass** $304.80

**Event Description** Warriors Basketball

**Provide Title/Explanation**

**Ticket(s)/Pass(es) provided by agency?**

Yes ☐ No ☑

**Date(s)** 11 / 05 / 19

**If no:**

**Golden State Warriors**

**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**

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

**B. Name of Individual**

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

**Income ☐**

Ceremonial Role ☐ Other ☐

**Income ☐**

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

**C. Name of Outside Organization**

(include address and description)

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claremont Middle School</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

**Educate youth in Alamo**

4

### 4. Verification

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

*Briana Brown*

**Print Name**

**Supervisor’s Assistant**

**Title**

**4/5/19**

(Month, Day, Year)

**Comment:** Parking Pass: $30.00

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

Division, Department, or Region (If Applicable) 

Board of Supervisors

Designated Agency Contact (Name, Title)

(Briana Brown)

Area Code/Phone Number: (510) 272-6695

E-mail: briana.brown2@ac.gov.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 $ 304.80

Event Description: Warriors Basketball

Date(s) 11/10/18

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

If no: Golden State Warriors

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

If yes: _____________________________

Official's Name (Last, First)

3. Recipients

A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 5</td>
<td>14</td>
</tr>
<tr>
<td>To reward a County employees for his or her exemplary service to the public or to encourage staff development</td>
<td></td>
</tr>
</tbody>
</table>

B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

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

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

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

4. Verification

I hereby certify pursuant to Government Code Sections 15944.1 and 15942. I have verified that the distribution set forth above, is in accordance with the requirements.

Briana Brown 

Parking Pass: $30.00

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: (510) 272-1695
   - E-mail: briana.brown2@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Event Description: Warriors Basketball
   - Face Value of Each Ticket/Pass: $304.80
   - Date(s): 11/13/19
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - If no: Name of Source: Golden State Warriors
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   - If yes: Official’s Name (Last, First)

3. **Recipients**
   - 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 ☐

   **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
     - Manzanita SEED Elementary School
     - Educate youth in ALF
     - 4
     - To reward a school or nonprofit organization for its contributions to the community

4. **Verification**
   - Briana Brown
   - Supervisor’s Assistant
   - Print Name
   - Supervisor’s Assistant
   - 4/3/19

Comment: Parking Pass: $30.00

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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 (510) 272-6695
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 304.80
   Event Description Warriors Basketball
   Date(s) 11/21/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      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/her service

   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, hereby certify that the distribution set forth above, is in accordance with the requirements of Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Print Name Briana Brown
   Supervisor's Assistant
   Title
   Date 4/5/19 (Month, Day, Year)

Comment: Parking Pass: $30.00
1. **Agency Name**
   - Alameda County
   - **Division, Department, or Region (If Applicable)**
   - Board of Supervisors
   - **Designated Agency Contact (Name, Title)**
   - **Briana Brown**
   - **Area Code/Phone Number** (510) 272-6696
   - **E-mail** briana.brown2@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Event Description** Warriors Basketball
   - **Face Value of Each Ticket/Pass $** 304.80
   - **Date(s)**
     - 11 / 23 / 18
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
   - **If no:** Golden State Warriors
   - **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. Number of Agency, Department or Unit**
   - **Name of Agency, Department or Unit**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency's policy**

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

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

4. **Verification**
   - By **Briana Brown**, Supervisor's Assistant
   - **Print Name**
   - **Date** 4/5/19 (Month, Day, Year)

   **Comment:** Parking Pass: $30.00
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   E-mail: Briana.brown2@acgov.org

   Area Code/Phone Number: (510) 272-6169

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 Basketball
   Date(s): 11/26/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If yes: Golden State Warriors
   Name of Source
   If no:
   Name of Source

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:
   Jacob Simpson
   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) 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 18644.1 and 18642. I have verified that the distribution set forth above, is in accordance with the requirements.
   Designee: Briana Brown
   Supervisor's Assistant:
   Comment: Parking Pass: $30.00

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