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

1. Agency Name
   ALAMEDA COUNTY
   BOARD OF SUPERVISORS
   LEE ANN FERGSON
   Area Code/Phone Number 510-272-6691
   E-mail leeannefergson@ecegov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: WARRIORS
   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: $304.80
   Date(s): 1/3/19
   If no: GSW
   Name of Source: Haggerty, Scott
   Official’s Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>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>LIVERMORE VALLEY WINE FOUNDATION 5565 Tesla Rd, Livermore, CA 94550</td>
<td>20/4</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 FERGSON
   Print Name
   TICKET ADMINISTRATOR
   Title
   10/25/18

   Since its inception, the Livermore Valley Wine Auction has raised over $5 million to support underserved local children. This year’s Auction will benefit four deserving programs: De La Salle Academy, a private, non-profit middle school in Concord that educates low-income boys with academic promise; Open Heart Kitchen, for their weekend lunch program for children who receive free school lunches during the week; Livermore Valley Performing Arts Center’s Bankhead Theater, for local school outreach; and STEAM (Science, Technology, Education, Arts and Math) programs in our Tri-Valley school districts.
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 leean.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes No
Event Description: Warriors
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 $100.00
Date(s) 1/8/19

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: To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harve, Phil</td>
<td>4</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>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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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 law.

Lee Ann Fergerson
Ticket Administrator
1/15/19
(extend)
# 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 Basketball
- **Date(s):** 1/11/19
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
- **If no: GSW**
- **Name of Source:** Haggerty, Scott
- **Official's Name (Last, First):**

### 3. Recipients

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fremont Police Officers Association</td>
<td>4/1</td>
<td>To reward a Community volunteer for his or her service to the public.</td>
</tr>
<tr>
<td>4833 Bernal Avenue PO Box 909, Pleasanton, CA 94566</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 law.

- **Lee Ann Fergerson**
- **Ticket Administrator**
- **Date:** 1/7/19

**Comment:**

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

1. Agency Name
ALAMEDA COUNTY
BOARD OF SUPERVISORS
LEE ANN FERGARSON, TICKET ADMINISTRATOR
Area Code/Phone Number 510-227-5691
E-mail leaann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: HARLEM GLOBETROTTERS
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) 12/19
If yes: Haggerty, Scott
Name of Source
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Tickets/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>Mamea, Fia</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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 Fergarson
Ticket Administrator
Print Name
Title
1/18/19
(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
BOARD OF SUPERVISORS
LEE ANN FERGERSON
Area Code/Phone Number 510-272-6691
E-mail leean.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: WARRIORS VS. PELICANS
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 $304.80
Date(s) 1/16/19
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>
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<tr>
<th>B. Name of Individual (Last, First)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAST BAY INNOVATIONS, 2450 Washington Ave., Ste 240 San Leandro</td>
<td>4</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

4. Verification
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
Print Name
TICKET ADMINISTRATOR
Title
10/25/18
(month, day, year)

The proceeds from this fundraiser will be used to address the needs of individuals with Autism, Down Syndrome, Cerebral Palsy and other developmental disabilities as well as adults who have become disabled as a result of health crisis, accidents and acts of violence.
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☒ No ☐  
Face Value of Each Ticket/Pass $1,500

Event Description:  
Elton John

Date(s)  
1/18/19

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

Official's Name (Last, First)

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

<table>
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<tr>
<th>Name of Agency, Department or Unit</th>
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</tbody>
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| 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" describes below: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkett, Rob</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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4. Verification  
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with:  

Lee Ann Ferguson  
Print Name  
Ticket Administrator  
Title  
1/22/19 (month, day, year)

Comment:  

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

1. Agency Name
ALAMEDA COUNTY
Division, Department, or Region (if applicable)
BOARD OF SUPERVISORS
Designated Agency Contact (Name, Title)
LEE ANN FERGerson, TICKET ADMINISTRATOR
Area Code/Phone Number E-mail
510-227-6691 leaann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: HARLEM GLOBETROTTERS
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 $ 80.00
Date(s) 1/19/19

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Name of Outside Organization [include address and description]</td>
<td>Number of Ticket(s)/Passes</td>
</tr>
</tbody>
</table>

| C. Abode Services (Sunrise Village) Emergency Shelter 588 Brown Rd. Fremont, CA 94539 | 4 |
|                                                                                       | 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 with:

Lee Ann Fergerson
Ticket Administrator
1/18/19

Comment: Emergency Homeless Shelter for working families transitioning to permanent homes.
2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☒ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description: Supercross 2019</td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☒ No ☐</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>Yes ☒ No ☐</td>
</tr>
</tbody>
</table>

- Face Value of Each Ticket/Pass $74.90
- Date(s) 1/26/19
- Name of Source: Haggerty, Scott

3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<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>Thurston, Donny (and Kids)</td>
<td>6</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>

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  
1/24/19

Comment: [unsigned]
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 X No ☐
   Face Value of Each Ticket/Pass $ 0
   Event Description: PBR Oakland Classic
   Provide Title/Explanation
   Date(s): 01 / 05 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
   If no: Golden state Warriors
         Name of Source
   If yes: Valle, Richard- Supervisor District 2
         Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes X

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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<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>Parra, Angela</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Gabriela Christy
   Supervisor's Assistant
   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)
   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 GS vs. New York
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $ 304.50/30
   Date(s) 01/08/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden state Warriors
   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 ☐
      'To reward a community volunteer for his or her service to the public

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

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description GS vs. Chicago
Provide Title/Explanation
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: Valle, Richard- Supervisor District 2
Official's Name (Last, First)
Face Value of Each Ticket/Pass $ 304.50/30
Date(s) 01 / 11 / 19

3. Recipients
- Use Section A to identify the agency's department or unit.
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<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>Rodriguez, Mike</td>
<td>4/1</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 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

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)
   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 Harlem Globetrotters World Tour
   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 $ 60
   Date(s) 01 / 12 / 19
   If no: [ ] Golden state Warriors
   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) | To reward a school or nonprofit organization for its contributions to the community
   ____________________________________________
   Eden LWV P.O. Box 2234
   Castro Valley, CA 94546
   The League of Women Voters, a nonpartisan political organization, encourages informed and active participation in government, works to increase understanding of major public policy issues, an

4. Verification
   I have read and understood Sections 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   ________________________________ ________________________________
   Gabriela Christy Supervisor's Assistant
   Print Name Title
   ________________________________
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6992
   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 □
   Face Value of Each Ticket/Pass $ __________ 304.50/30
   Event Description GS vs. New Orleans
   Provide Title/Explanation
   Date(s) 01 / 16 / 19 __________ __________
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
   If no: Golden state Warriors
   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:

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      To reward a school or nonprofit organization for its contributions to the community
      agency's policy

   SAVE 1900 Mowry Ave #201, Fremont, CA 94538
   SAVE's mission is to strengthen every individual and family we serve with the knowledge and support needed to break the cycle of domestic violence and build healthier lives

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
   Division, Department, or Region (If Applicable)

   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 60
   Event Description Elton John Farewell Yellow Brick Road
   Date(s) 01 / 18 / 19
   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: 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) | To reward a community volunteer for his or her service to the public
   Aro, Mark | 2 | Income ☐
   Maxey, Mike | 3 | Income ☐

   **C.** Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | To reward a community volunteer for his or her service to the public
   
4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number 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 Harlem Globetrotters World Tour
   Face Value of Each Ticket/Pass $ 60
   Date(s) 01 / 19 / 19
   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: 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:
      Chairmen 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
      Newark Rotary 36665 Cedar Blvd, Newark, CA 94560
      To reward a school or nonprofit organization for its contributions to the community

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

   Gabriela Christy Supervisor’s Assistant
   Print Name Title
   (Month, Day, Year)

Comment:
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 ☒ Face Value of Each Ticket/Pass $200
   Event Description Kelly Clarkson
   Provide Title/Explaination
   Date(s) 01/24/19
   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: 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:
   Reiner, Eileen ☐ Income
   ☐ To reward a community volunteer for his or her service to the public
   ☐ Income
   __________________________
   __________________________

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

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

Comment: ____________________________________________________________

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Gabriela Christy
   (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 $ 75
   Event Description: Monster Energy Super-cross
   Date(s) 01 / 26 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden state Warriors
   If yes: Valle, Richard- Supervisor District 2
   Name of Source
   Name of Source
   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:
   ------------------------------------------------- | -------------------------- | ----------------------------------------------------------------------------------------------------------------------------------
   Martinez, Miguel | 2 | To reward a community volunteer for his or her service to the public
   Marquez, Tomas | 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 purpose made pursuant to agency's policy
   ------------------------------------------------- | -------------------------- | ----------------------------------------------------------------------------------------------------------------------------------
   |

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

Comment:
1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - **Designated Agency Contact (Name, Title)**
   - Sarah Oddie

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Face Value of Each Ticket/Pass $** 74.90
   - **Event Description** Monster Energy Supercross
   - **Date(s)** 01/26/19
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **If yes, Name of Source** Oakland Athletics
   - **If no, Name of Source** Chan, Wilma
   - **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)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**

   **B. Name of Individual (Last, First)**
   **Number of Ticket(s)/Pass(es)**
   **Ceremonial Role ☐ Other ☐ Income ☐**
   **If checking "Ceremonial Role" or "Other" describe below:**
   **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 verified that the distribution set forth above, is in accordance with the requirements.**
   - **Sarah Oddie**
   - **Supervisor's Assistant**
   - **02.04.2019**

   **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**

**Agency Name**
Alameda County

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

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

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

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

---

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Face Value of Each Ticket/Pass** $304.80
- **Event Description:** Warriors
  
- **Ticket(s)/Pass(es) provided by agency?** Yes ☒ No ☐
- **Date(s):** 1/8/19
- **If no:** Oakland Coliseum JPA
  
- **If yes:** Miley, Nathan
  
---

**3. Recipients**

- **A. Name of Agency, Department or Unit**
- **Number of Ticket(e)/Passes**
- **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(e)/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(e)/Passes</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gardley, Cassandra</td>
<td>4</td>
<td>To reward a county employee for his or her exemplary service to the public</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>
</tbody>
</table>

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

**Nathan Miley**
Print Name

**Supervisor**
Title

**4/16/19**
(month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 4
   Designated Agency Contact (Name, Title)
   Nathan Miley

   Area Code/Phone Number  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 $ 304.80
   Event Description: Warriors
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ Date(s) 1/11/19
   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.

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

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<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lankford, Raymond</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To reward a community volunteer...</td>
</tr>
<tr>
<td>Geoffrey, Pete</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To reward a community volunteer...</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  4/16/19
   (month, day, year)

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

**1. Agency Name**
Alameda County

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

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

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

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

**Date of Original Filing:**

---

**2. Function or Event Information**

- Does the agency have a ticket policy? Yes ☒ No ☐
- Face Value of Each Ticket/Pass $60
- Event Description: Harlem Globetrotters
- Date(s): 1/12/19
- Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
- If yes: Miley, Nathan
- If no: Coliseum JPA

---

**3. Recipients**

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

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

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

**B. Name of Individual**

- *Last, First*

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armstrong, Erin</td>
<td>4</td>
<td>To reward a county employee for her exemplary service to the public</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

- *Include address and description*

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

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**4. Verification**

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

/ Nathan Miley

/ Supervisor

Print Name

Title

04/15/19

(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

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 $304.80

Event Description: Warriors

Date(s) 1/16/19

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

If no: 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. 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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<table>
<thead>
<tr>
<th>B. Name of Individual <em>(Last, First)</em></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>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization <em>(Include address and description)</em></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>Laborers Local 304</td>
<td>4</td>
<td>To increase attendance at a county event or 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

04/15/19 *(month, day, year)*

Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Elton John
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 $ 1500
Date(s) 1 / 18 / 19

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>Alexander, Toni</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance at a county event or event hosted in a county facility</td>
</tr>
<tr>
<td>Earp, Laurie</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance at a county event or event hosted in a county facility</td>
</tr>
</tbody>
</table>

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

Nathan Miley
Supervisor
04/15/19 (month, day, year)

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

Agency Name
Alameda County

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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>Miley, Nathan</td>
<td>1</td>
<td>To promote attendance... event held in county facility... maximize revenue... concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role □ Other □ Income □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role □ Other □ Income □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role □ Other □ Income □</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></td>
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</tr>
</tbody>
</table>

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Event Description:** Harlem Globetrotters
   - **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:** $50
   - **Date(s):** 1/19/19
   - **If yes:** Miley, Nathan
     - **Name of Source:** Coliseum JPA
     - **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 increase attendance at a county-sponsored event or an event hosted in a county facility**

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

   **Number of Ticket(s)/Passes**

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

4. **Verification**

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

   - **Nathan Miley**
   - **Supervisor**
   - **Print Name**
   - **Title**
   - **04/15/19**

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 200
   Event Description: Kelly Clarkson
   Date(s) 1 / 24 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Coliseum JPA
   Name of Source
   If yes: Miley, Nathan
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(e)/ Passes
      Ceremonial Role ☐ Other ☐ Income ☐
      Identify one of the following:
      To reward a county employee for his or her exemplary service to the public

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

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

   Nathan Miley
   Print Name
   Supervisor
   Title
   04/15/19
   (month, day, year)

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors, District 4
Designated Agency Contact (Name, Title)
Nathan Miley
Area Code/Phone Number  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 $304.80
Event Description: Warriors
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Date(s) 1/31/19
If no: Coliseum JPA
If yes: Miley, Nathan
Was ticket distribution made at the behest
of agency official? Yes ☒ No ☐

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taylor, Kevin</td>
<td>4</td>
<td>To increase attendance at a county event or event hosted in a county facility</td>
</tr>
<tr>
<td>Crawford, Marc</td>
<td>4</td>
<td>To increase attendance at a county event or event hosted in a county facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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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  04/15/19
Print Name  Title  (month, day, year)

Comment:
### 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></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>
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<td>A.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></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>B.</td>
<td>Secton, Neisha</td>
<td>4</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To increase attendance at a county event or event hosted in a county facility</td>
</tr>
<tr>
<td></td>
<td>Moore, Check</td>
<td>4</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To increase attendance at a county event or event hosted in a county facility</td>
</tr>
<tr>
<td></td>
<td>Cox, Lori</td>
<td>2</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To reward a county employee for his or her exemplary service to the public</td>
</tr>
<tr>
<td></td>
<td>Barndel, Judy</td>
<td>2</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To increase attendance at a county event or event hosted in a county facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></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>C.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

   California Form 802
   - Date Stamp
   - 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 $60.00
   - Event Description PBR Bull Riding
   - Date(s) 01/05/19
   - 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**
   - **Section A** to identify the agency's department/unit
   - **Section B** to identify an individual
   - **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.**
   - Crime of Individual (e.g., PW, PPW)
   - 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 her service to the public

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

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

   - Briana Brown
   - Supervisor's Assistant

   - 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**

#### 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):** 01/08/19

#### 3. Recipients

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☑ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breeana Decker</td>
<td>4</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential revenue</td>
</tr>
</tbody>
</table>

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

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

- **Signature:** [Signature]
- **Print Name:** [Print Name]
- **Title:** [Title]
- **Date:** 4/5/19

**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
   Area Code/Phone Number: (510) 541-6655
   E-mail: Briana.brown2@acgov.org
   Date Stamp

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): 01 / 11 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Official’s Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
      County Sheriff's Office
      Number of Ticket(s)/Pass(es): 2
      Describe the public purpose made pursuant to the agency’s policy:
      To promote attendance at a County sponsored event of event held at a County facility in order to maximize potential revenue

   B. Name of Individual
      Sherry Hirota
      Number of Ticket(s)/Pass(es): 2
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To reward a community volunteer for her service to the public

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

4. Verification
   Supervisor’s Assistant: Briana Brown
   Print Name: Briana Brown
   Title: Supervisor’s Assistant
   Date: 4/5/19

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

**Area Code/Phone Number**  
(510) 541-6655

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

---

**2. Function or Event Information**

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

- **Event Description**  
  Harlem Globetrotters World Tour

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

- **Face Value of Each Ticket/Pass**  
  $60.00

- **Date(s) of Event(s)**  
  01 / 12 / 19

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

**Name of Source**  
Golden State Warriors

**Official’s Name (Last, First)**  

---

**3. Recipients**

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

**A.**  
- **(Name of Agency, Department or Unit)**

---

**B.**  
- **(Name of Individual, Last, First)**

**Number of Ticket(s)/Pass(es)**  
4

**Identify one of the following:**

- Ceremonial Role [ ]  Other [ ]  Income [ ]

- **To promote attendance at a County sponsored event in order to maximize potential County revenue**

- Ceremonial Role [ ]  Other [ ]  Income [ ]

---

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

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

---

**4. Verification**

- **I certify that the information set forth above is true, correct, and complete to the best of my knowledge and belief.**

- **Signature**  
  Briana Brown

- **Print Name**  
  Supervisor’s Assistant

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

- **Comment:**

---

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

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

Area Code/Phone Number  
(510)541-4655
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) 01/16/19
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
If no:  Golden State Warriors
Name of Source
If yes:  Official's Name (Last, First)

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

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

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

Signature  Briana Brown
Print Name
Superior’s Assistant
Title 4/5/19

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

### 1. Agency Name
- **Alameda County**
- **Board of Supervisors**
- **Designated Agency Contact**
  - **Name:** Briana Brown
  - **Phone Number:** (510) 541-6655
  - **E-mail:** Briana.brown2@acgov.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description:** Elton John
- **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:** $1500.00
- **Date(s):** 1/18/19
- **If no:** Golden State Warriors
- **Name of Source:**
- **If yes:**
  - **Official's Name (Last, First):**

### 3. Recipients
- **A.**
  - **Name of Agency, Department or Unit:**
  - **Number of Ticket(s)/Pass(es):**
  - **Describe the public purpose made pursuant to the agency's policy:**
- **B.**
  - **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 or her service to the public:**
    - **Ceremonial Role** ☐
    - **Other** ☐
    - **Income** ☐
- **C.**
  - **Name of Outside Organization**
  - **Number of Ticket(s)/Pass(es):**
  - **Describe the public purpose made pursuant to the agency's policy:**

### 4. Verification
- **I hereby certify that the distribution set forth above, is in accordance with the requirements of regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.**
- **Briana Brown**
- **Supervisor's Assistant**
- **4/5/19**

**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)
   Briana Brown

   Area Code/Phone Number | E-mail
   (510) 541-6655 | briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 60.00
   Event Description Harlem Globetrotters World Tour
   Date(s) 01/19/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Official's Name (Last, First)

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

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

   B. Name of 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
      Fluegelman Bunnell Award Fund | 4 | To reward a school or nonprofit organization for its contributions to the community

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

   Briana Brown
   Supervisor's Assistant
   (Last, First)

   (Month, Day, Year)

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

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

Briana Brown  
(510) 541-6655  
Briana.brown2@acgov.org

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

Face Value of Each Ticket/Pass $ 200.00  

Event Description Kelly Clarkson  

Date(s) 1/24/19  

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: ____________________________  

Name of Source  

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)  

Stacey Frost  

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 at County sponsored 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:  

4. Verification  

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

Briana Brown  
Supervisor's Assistant  

4/5/19  
(Month, Day, Year)  

Comment: 

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number: (510) 541-6655
   E-mail: briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Event Description: Monster Energy AMA Supercross
   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 $ 74.90
   Date(s): 01/26/19
   If no. Golden State Warriors
   Name of Source
   If yes: Official's Name (Last, First)

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

   B. Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance at a County sponsored event held at the 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, Briana Brown, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   Print Name: Briana Brown
   Title: Supervisor's Assistant
   Date: 4/5/19
   (Month, Day, Year)

Comment: 

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