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 leann.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. Spurs
Date(s) 2/6/19
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>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</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>Livermore Rotary Club P.O. Box 694 Livermore CA</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

Signature of Agency Head or Designee
Lee Ann Fergerson
Print Name
Ticket Administrator
Title
2/1/19 (month, day, year)

Comment: All proceeds will go to Livermore Community Service Projects, Grants for Schools and Local Groups & more
### 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 ☐
- **Event Description:** Monster Jam
- **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**
- Number of Ticket(s)/Passes
- Describe the public purpose made pursuant to the agency’s policy

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

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

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

- **Signature:** Lee Ann Fergerson
- **Print Name:** Lee Ann Fergerson
- **Title:** Ticket Administrator
- **Date:** 2/19/19 (month, day, year)

**Comment:**

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**FPPC Form 802 (2/2016)**

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

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

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

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $150.00

Event Description: Panic at the Disco
Date(s) 2/19/19

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

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

3. Recipients

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

<table>
<thead>
<tr>
<th>A.</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>Payne, Ron</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income ☐ Other ☐</td>
</tr>
</tbody>
</table>

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

4. Verification

I 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  Ticket Administrator  2/13/19
Print Name  Title  (month, day, year)

Comment:
## Agency Report of:

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

### 1. Agency Name
- Alameda County
- Division, Department, or Region (if applicable): Board of Supervisors
- Designated Agency Contact (Name/Title): Lee Ann 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: Disney on Ice
- Face Value of Each Ticket/Pass: $60.00
- Date(s): 2/27/19, 2/28/19
- Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
- Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

### 3. Recipients

<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>Deputy Sheriff's Assoc.</td>
<td>4, 4</td>
<td>To reward a county employee for his or her exemplary service to the public.</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>
</tbody>
</table>

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

### 4. Verification

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

Signature of Lee Ann Fergerson

Print Name: Lee Ann Fergerson

Title: Ticket Administrator

Date: 2/13/19 (month, day, year)

Comment: Raised thousands of dollars for four local high schools, were a major supporter of Special Olympics, and gave money to youth programs in San Joaquin, Alameda, and Contra Costa counties.
### 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. San Antonio
- 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 $305.80/30  
- Date(s) 02/06/19  
- If yes: Valle, Richard- Supervisor District 2  
- If no: Name of Source GSW

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

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

| B. Name of individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  
To reward a community volunteer for her service to the public  
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>Caudillo, Patricia</td>
<td>4</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 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.

Signed:  
Gabriela Christy  
Supervisor’s Assistant  
(Title)  
(Month, Day, Year)  
3/12/19

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

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

   Event Description LA Arrolladora
   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 $ 60
Date(s) 02/16/19

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.

   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:

      Guerrero, Nico 2
      Ceremonial Role ☒ Other ☐
      Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      - To reward a community volunteer for his service to the public

      Tavares, Lucia 2
      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 and understood EPPC Regulations 19441 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.

   Gabriela Christy ☒
   Supervisor's Assistant ☒
   Print Name
   Title
   Date (Month, Day, Year) 3/12/14

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 Monster Jam
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 02 / 16 / 19
   Face Value of Each Ticket/Pass $ 100
   If no: Oakland A's
   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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>(include address and description)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alameda County Health Care for</td>
<td>3</td>
<td>To reward a nonprofit organization for its contributions to</td>
</tr>
<tr>
<td>the Homeless 1404 Franklin Street,</td>
<td></td>
<td>the community</td>
</tr>
<tr>
<td>Suite 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oakland, CA The ACHCH health</td>
<td></td>
<td>co-applicant governing board, the Alameda County Health Care</td>
</tr>
<tr>
<td>center program is overseen by a</td>
<td></td>
<td>for the Homeless Commission.</td>
</tr>
<tr>
<td>community-based program is</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_ Supervisor's Assistant_ 3/12/19_ (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

**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** Monster Jam
- **Face Value of Each Ticket/Pass** $100
- **Date(s)** 02/17/19
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **If no: Oakland A's**
- **Name of Source**
- **Official’s Name (Last, First)**

**3. Recipients**

- **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 (Last, First)**

<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>Gutierrez, Freddy</td>
<td>3</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To reward a community volunteer for his 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)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

**4. Verification**

- **Regulations 19544 1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.**

- **Signee**
- **Print Name**
- **Title**

**Date** (Month, Day, Year)

Comment:

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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)
   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 Panic at the Disco
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Date(s) 02/19/19
   Face Value of Each Ticket/Pass $150
   If no: GSW Name of Source
   If yes: Valie, 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)
      Describe the public purpose made pursuant to the agency's policy
      ALCO Deputy Sheriff's activities league 15001 Foothill Blvd., San Leandro, CA
      The mission of the Alameda County Deputy Sheriffs' Activities League is to u
      — To reward a nonprofit organization for its contributions to the community
      unite the Sheriff's Office personnel, citizens and youth of Alameda County in the pursuit and implementation of initiatives that will red

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) 3/12/19
   Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Warriors vs. Kings
   Face Value of Each Ticket/Pass $ 305.80/30
   Date(s) 02/21/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: GSW
   Name of Source
   If yes: Vallee, 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)
      Public Defenders 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)/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

4. Verification
   I hereby certify 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
   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: Warriors vs. Rockets
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $305.80/30
   Date(s): 02/23/19
   If no: GSW
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☒ Other ☐ Income ☐
      Valle, Raul | 4 | Ceremonial Role ☒ Other ☐ Income ☐
                  | | – To reward a community volunteer for his service to the public
      Valle, Barbara | 4 | Ceremonial Role ☒ Other ☐ Income ☐
                     | | – 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 and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Gabriela Christy
   Supervisor's Assistant

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**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)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<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>Aro, Mark</td>
<td>4</td>
<td>- To reward a community volunteer for his service to the public</td>
</tr>
<tr>
<td>Johnson, Haliey</td>
<td>4</td>
<td>- To reward a community volunteer for her service to the public</td>
</tr>
<tr>
<td>Nunez, Sara</td>
<td>4</td>
<td>- To reward a community volunteer for 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>
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</tr>
<tr>
<td></td>
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<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):**
- 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 [ ]
- **Event Description:** Disney on Ice
- **Face Value of Each Ticket/Pass:** $60
- **Date(s):** 02/27/19
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- ** GSU**
- **Name of Source:**
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

**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 [x] 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**

- **ALCO Deputy Sheriff's activities league**
- **15001 Foothill Blvd., San Leandro, CA**
- **1**
- **To reward a nonprofit organization for its contributions to the community**

- **The mission of the Alameda County Deputy Sheriffs' Activities League is to u**
- **unite the Sheriff's Office personnel, citizens and youth of Alameda County in the pursuit and implementation of initiatives that will red**

### 4. Verification
- **Signature:**
- **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

Date Stamp California Form 802
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Event Description Disney on Ice

Provide Title/Explanation

Face Value of Each Ticket/Pass $ 60

Date(s) 02/28/19 03/01/19

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

If no: GSW Name of Source

If yes: Valle, Richard- Supervisor District 2 Official’s Name (Last, First)

3. Recipients

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

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

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

Ceremonial Role ☐ Other ☐ Income ☐

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

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

UNION CITY FAMILY CENTER 725 Whipple Rd, Union City, CA 94587

To reward a nonprofit organization for its contributions to the community

The Union City Family Center is a partnership of families, schools, community, and public and private organizations working together to promote “cradle to retirement” success.

4. Verification

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

Signature of Agency Head or Designee Gabriela Christy Supervisor’s Assistant

Print Name Title

Date (Month, Day, Year) 3/12/19

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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) 02 / 06 / 19
   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
  怦 Use Section A to identify the agency’s department or unit.怦 Use Section B to identify an individual.怦 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:
   ————————————————————————————————————————————————————
   Lisa, Le | 2 | 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
   ————————————————————————————————————————————————————
   Self-Help for the Elderly, 2400 MacArthur Boulevard, Oakland, CA 94602 | 2 | To reward a school or nonprofit organization for its contributions to the community
   ————————————————————————————————————————————————————
   ————————————————————————————————————————————————————
   ————————————————————————————————————————————————————

4. Verification
   I have read and understand CCPA Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor’s Assistant
   02.26.2019
   (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

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

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

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

### Date Stamp

### California Form 802

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

#### Date of Original Filing: 

### 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)
- **02 / 10 / 19**

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

#### If no:
- **Golden State Warriors**

#### Name of Source
- Chan, Wilma

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

### 3. Recipients

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

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

<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
- **Diaz, Mary June**
- **Taylor, Debbie**

<table>
<thead>
<tr>
<th>Name of Individual</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>

#### C. Name of Outside Organization
- **Chang, James**
- **Oddie, Sarah**

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

### 4. Verification

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

- **Sarah Oddie**
  - Print Name

- **Supervisor's Assistant**
  - Title

- **02.26.2019**
  - (Month, Day, Year)

**Comment:**

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

1. Agency Name
   Alameda County
   
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   
   Area Code/Phone Number 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) 02/10/19
   
   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: 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:
      
      Wilson, Galen
      Sarkey, Curtiss
      2+p
      Ceremonial Role ☐ Other ☐ Income ☐
      To promote attendance at an event held at a County facility in order to maximize potential County revenue...
      
      Richman, Rachel
      2+p
      Ceremonial Role ☐ Other ☐ Income ☐
      To promote attendance at an 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 Supervisor’s Assistant
   Print Name Title
   02.26.2019 (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
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) 02 / 10 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official’s Name (Last, First)

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

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

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<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>McCormick, Mike</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☒</td>
</tr>
<tr>
<td>Neideffer, Marty</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☒</td>
</tr>
</tbody>
</table>

Identify one of the following:
- Ceremonial Role
- Other
- Income

To promote attendance at an 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 Supervisor’s Assistant 02.26.2019
Print Name Title (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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) 02 / 10 / 19
   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.

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<tr>
<th>Name of Agency, Department or Unit</th>
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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>
   | Brekke-Miesner, Lukas            | 2                           | Ceremonial Role ☐ Other ☐ Income ☐
   |                                   |                             | To promote attendance at an event held at a County facility in order to maximize potential County revenue... |
   |                                   | 4                           | Ceremonial Role ☐ Other ☐ Income ☐
   |                                   |                             | If checking "Ceremonial Role" or "Other" describe below: |

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: ___________ (Month, Day, Year)

   Sarah Oddie
   Supervisor's Assistant
   02.26.2019 (Month, Day, Year)
   Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Basketball Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $304.80 ticket/$30 park
   Date(s) 02 / 10 / 19
   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...
      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, have verified that the distribution set forth above, is in accordance with the requirements.

   Sarah Oddie
   Supervisor’s Assistant
   02.26.2019
   (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
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 La Arrolladora
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official’s Name (Last, First)
Face Value of Each Ticket/Pass $ 60
Date(s) 02/16/19

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)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<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)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</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)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Clinica de la Raza</td>
<td>1450 Fruitvale Ave</td>
<td>Oakland, CA</td>
</tr>
<tr>
<td>Health care service provider to a diverse population in Alameda County</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Sarah Oddie	Supervisor’s Assistant
02.26.2019

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

1. Agency Name
   Alameda County

   Division, Department, or Region (If Applicable)

   Board of Supervisors

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Monster Jam
   Face Value of Each Ticket/Pass $60
   Date(s): 02/16/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source: Chan, Wilma
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

   Reyes, Rocio

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

4. Verification
   I, Sarah Oddie, Supervisor’s Assistant, hereby certify that the distribution set forth above is in accordance with the requirements.

   Signature: ____________________________
   Title: ____________________________
   Date: 03.04.2019

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@ecgov.org

   Date Stamp
   California Form 802
   For Official Use Only

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Monster Jam
   Face Value of Each Ticket/Pass $80
   Date(s): 02 / 17 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   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 ☐
   Income ☐
   If checking 'Ceremonial Role' or 'Other' describe below:
   To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking 'Ceremonial Role' or 'Other' describe below:
   C. Name of Outside Organization
   (Include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

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

   Signature of agency Head or Designee: Sarah Oddie
   Supervisor's Assistant: [Print Name]
   Title: [Print Title]
   Date: 03.04.2019
   (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

__ 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

Date(s)  
02/21/19

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

If no:  
Golden State Warriors  
Name of Source

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

3. Recipients

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

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

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

Angelo, Joe  
2  

To promote attendance at an 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

4. Verification

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

Sarah Oddie  
Supervisor’s Assistant

02.26.2019  
(Month, Day, Year)

Comment:  

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Basketball Game
Face Value of Each Ticket/Pass $304.80 ticket/$30 park
Date(s) 02/21/19
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
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:
Bacani, Marc 2+p
To promote attendance at an 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 understood CPCR Regulations 19941.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie 02/26/2019
Supervisor’s Assistant

Comment: 

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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  Disney on Ice
   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) 02/28/19

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.

   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
   San Leandro Boys & Girls Club, 401 Marina Blvd, San Leandro, CA 94577  4  To reward a school or nonprofit organization for its contributions to the community
   Youth program organization in San Leandro

4. Verification
   I have read and understand the 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  Supervisor’s Assistant
   Designee  Print Name  Title
   02.26.2019  (Month, Day, Year)

   Comment: ____________________________

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

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

   **Board of Supervisors**

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

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

   **Provide Title/Explanations**

   **Date(s)** 02/06/19

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

   **If no:**
   
   *Golden State Warriors*

   **Name of Source**

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

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**

   **Mina Sanchez**

   4

   **To promote attendance at a county sponsored event held at a County facility in order to maximize potential County revenue**

4. **Verification**

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

   **Signature**

   **Print Name**

   **Supervisor’s Assistant**

   **Title**

   **Date of Filing** 4/5/19

   **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)541-6655
   E-mail Briana.brown2@acgov.org

2. Function or Event Information
   □ Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: ____________________________ (Month, Day, Year)
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ __________ 304.80
   Event Description Warriors Basketball
   Date(s) 02/06/19
   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 C to identify an outside organization.
   □ Use Section B to identify an individual.
   □ Use Section A to identify the agency's department or unit.

   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 her service to the community
      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
   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 ____________
   Title ____________________________
   (Month, Day, Year) 9/5/19
   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, Supervisors Assistant

   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  Panic! At The Disco
   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:  Official's Name (Last, First)

   Face Value of Each Ticket/Pass $ 150.00
   Date(s)  02/19

3. Recipients
   * Use Section B to identify an individual
   * Use Section C to identify an outside organization.

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

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

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

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

Comment:

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

1. Agency Name  
Alameda County  
Division, Department, or Region (if Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
Briana Brown  
Area Code/Phone Number | 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 $  
100.00  
Event Description  
Santa Cruz Warriors vs. Oklahoma City  
Date(s)  
02 / 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:  
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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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  
To promote attendance at a County sponsored event at a County facility in order to maximize potential County revenue |
|--------------------|-------------------------------|-----------------------------------------------------------------|
| Misty Cross        | 4                             | Ceremonial Role ☐ Other ☐ Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  
4 |

<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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<tr>
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</table>

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  
3/10/09

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, Supervisors Assistant
   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 ☐
   Face Value of Each Ticket/Pass $ ____________ 60.00
   Event Description: Disney On Ice
   Date(s) ____________ / ________ / ________
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   If yes: ________
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: ________
   Name of Source ________
   Official's Name (Last, First) ________

3. Recipients
   - Use Section B to identify an individual
   - Use Section C to identify an outside organization.

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

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

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Maya Deckard- Ready To Learn Fun Fair 4
      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:
   Briana Brown
   Supervisor's Assistant
   3/27/19

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, Supervisors Assistant
   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 ☐
   Face Value of Each Ticket/Pass $ 60.00
   Event Description Disney On Ice
   Date(s) 02 / 28 / 19
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: ____________________________ Official’s Name (Last, First)
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors

3. Recipients
   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
      Asian Health Services 8 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.
   Briana Brown
   Supervisor's Assistant
   Print Name
   Title
   Date of Filing: 3/27/19

Comment: ________________________________