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  leann.fergerson@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)  3 / 1 / 19  3 / 2 / 19
   Ticket(s)/Pass(es) provided by agency?  Yes ☑  No ☐
   If no:  GSW
   Was ticket distribution made at the behest of agency official?  Yes ☑  No ☐
   If yes:  Haggerty, Scott

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

<table>
<thead>
<tr>
<th>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>If checking “Ceremonial Role” or “Other” describe below:</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>
</table>

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

   Lee Ann Fergerson  Print Name  Ticket Administrator  Title  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 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: disney on ice
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) 3 / 3 / 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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<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>Lillard, Jennifer</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

Signature of Agency: Lee Ann Fergerson
Print Name
Ticket Administrator
Title
2/7/19 (month, day, year)

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

1. **Agency Name**
   - Alameda County

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

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

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

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

   **Date Stamp**
   - California Form 802

   **For Official Use Only**

   **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** $150.00 (60.00)
   - **Event Description**
     - Disney on Ice
   - **Date(s)**
     - 3 / 3 / 19
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   - **If no:**
     - GSW
   - **If yes:**
     - Haggerty, Scott

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

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

   **B. Name of Individual**
   - (Last, First)
   - Number of Ticket(s)/Passes
   - Identify one of the following:
     - To promote attendance at a county sponsored event in order to maximize potential county revenue for concessions 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

   **Lee Ann Fergerson**
   - Print Name
   - **Ticket Administrator**
   - Title

   **2/13/19**
   - (month, day, year)

   **Comment**
   - [Signature of Agency]
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒  No ☐
   Face Value of Each Ticket/Pass $ 304.80
   Event Description:  Warriors
   Date(s) 3 / 5 / 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.

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy
   Alameda County Sheriff's Department | 20/4 | To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

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

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

   Signature of Agency Name or Designee
   Lee Ann Fergerson
   Print Name
   Ticket Administrator
   Title
   10/22/18 (month, day, year)

   Comment: fundraiser- proceeds go towards various charities.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County,
   Board of Supervisors
   Lee Ann Fergerson, Ticket Administrator
   Area Code/Phone Number: 510-219-6562

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): 03 / 08 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: GSW
   Name of Source: Haggerty, Scott
   If yes: Haggerty, Scott
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      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
      Eden Housing
      22645 Grand Street, Hayward, CA 94541
      510-582-0122
      4/1
      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

   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Print Name
   Ticket Administrator
   Title
   Date: 11-27-18

   Comment: Building and maintaining high-quality, well-managed, service-enhanced affordable housing communities that
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $304.80
   Event Description: Warriors Basketball
   Date(s) 3/10/19
   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.

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
   Matraia, Ed | 4/1 | 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
   [Blank]

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 □ Head or Designee Lee Ann Fergerson Ticket Administrator 1/11/19
   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 ☐  
Face Value of Each Ticket/Pass $  

Event Description: Justin Timberlake  
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐  

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

Date(s) 3 / 15 / 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)/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:  

Signature of Agency Head or Designee  
Lee Ann Fergerson  
Ticket Administrator  
3/21/19 (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)
Lee Ann Ferguson, Ticket Administrator

Area Code/Phone Number  E-mail
10-272-6691  leean.fergerson@acgov.org

Date Stamp

A Public Document

California Form 802
For Official Use Only

2. Function or Event Information

| Does the agency have a ticket policy? | Yes ☑ No ☐ |
| Face Value of Each Ticket/Pass | $304.80 |
| Date(s) | 03/21/19 |
| Event Description: | Warriors |

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>
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<tbody>
<tr>
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<tr>
<th>B. Name of Individual (Last, First)</th>
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<tbody>
<tr>
<td></td>
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If checking "Ceremonial Role" or "Other" describe below:

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<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>UCSF Benioff Pulmonary Hypertension Camp</td>
<td>4</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
<tr>
<td>Benioff Children's Hospital San Francisco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1975 4th St, San Francisco, CA 94158</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(415) 476-9000</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

Lee Ann Ferguson  Ticket Administrator
Print Name  Title  11/19/18

Comment: These tickets will be part of a fund raiser to provide camp scholarships to families.

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $45.00
   Event Description: Oakland A's Game
   Date(s) 03/24/19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Name of Source
   If no: ____________________________
   If yes: Scott Haggerty
   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.
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<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)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thompson, Wanda</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
<td></td>
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</table>

4. Verification
   I, ____________________________, have verified that the distribution set forth above, is in accordance with the law. I have reviewed the event, and there is no reason to believe that the distribution is not in accordance with the law.
   Signature of Agency Head or Designee
   Leah Doyle-Stevens
   Print Name
   Ticket Administrator
   Title
   6/6/2019
   (month, day, year)
   Comment: ____________________________
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 45.00
   Event Description: Oakland A's Game
   Date(s) 03 / 28 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: ____________________________
   If yes: Scott Haggerty
   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.

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<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>Robert Gross, Alameda County Fire Dept.</td>
<td>4</td>
<td>To reward a county employee for his or her exemplary service to the public.</td>
</tr>
</tbody>
</table>

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<th>Number of Ticket(s)/Passes</th>
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<tr>
<td>Leah Doyle-Stevens</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<tr>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

   Signature of Agency Head or Designee
   Leah Doyle-Stevens
   Print Name
   Ticket Administrator
   6/6/2019 (month, day, year)

Comment:
Agency Name:
Alameda County
Division, Department, or Region (if applicable):
Board of Supervisors, District 1
Designated Agency Contact (Name, Title):
Leah Doyle-Stevens, Ticket Administrator
Area Code/Phone Number:
510-272-6691
E-mail:
Leah.Doyle-Stevens@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $36.00
Event Description: Oakland A's Game
Date(s) 03 / 29 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: ___________________________________________
If yes: ____________________________
Name of Source
Official's Name (Last, First)
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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

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

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

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

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

Leah Doyle-Stevens
Print Name
Ticket Administrator
Title
6/6/2019 (month, day, year)

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

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

Designated Agency Contact (Name, Title)
Leah Doyle-Stevens, Ticket Administrator

Area Code/Phone Number: 510-272-6691
E-mail: Leah.Doyle-Stevens@acgov.org

2. Function or Event Information

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

Event Description: Oakland A’s Game

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

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

Face Value of Each Ticket/Pass $ 45.00
Date(s) 03 / 29 / 19

If no: Name of Source
If yes: Scott Haggerty
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>Garcia, Brent</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

4. Verification

I, Leah Doyle-Stevens, Signature of Agency Head or Designee, in accordance with sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance

Signature of Agency Head or Designee

Print Name: Leah Doyle-Stevens

Ticket Administrator

6/6/2019 (month, day, year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $27.00
Event Description: Oakland A's Game
Date(s) 03 / 30 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: ____________________________
Name of Source
If yes: Scott Haggerty
Official's Name (Last, First)
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (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 ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stacey Chase, Sandia National Laboratory, 7011 East Avenue, Livermore, CA 94551</td>
<td>2</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: ____________________________
Print Name: Leah Doyle-Stevens
Title: Ticket Administrator
Date: 6/6/2019 (month, day, year)

Comment: ____________________________

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

**1. Agency Name**
Alameda County

**Division, Department, or Region (if applicable)**
Board of Supervisors, District 1

**Designated Agency Contact (Name, Title)**
Leah Doyle-Stevens, Ticket Administrator

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

**E-mail**
Leah.Doyle-Stevens@acgov.org

---

**2. Function or Event Information**

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

**Face Value of Each Ticket/Pass** $ 24.00

**Event Description:** Oakland A’s Game

**Date(s)**
03 / 31 / 19

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

**If no:**

**Name of Source**
Scott Haggerty

**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>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>Ernest Hong, Alameda County ITD</td>
<td>2</td>
<td>To reward a county employee for his or her exemplary service to the public.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name (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>

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

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

---

**4. Verification**

I, Leah Doyle-Stevens, do hereby declare under the penalties of perjury and in accordance with sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements of the Fair Political Practices Act.

Signature of Agency Head or Designee

Print Name

Ticket Administrator

6/6/2019 (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)
   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 Disney on Ice
   Face Value of Each Ticket/Pass $ 60
   Date(s) 03 / 01 / 19
   Ticket(s)/Pass(es) provided by agency? ☐ No √ Yes
   If no: GSW
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☒ Other ☐ Income ☐</td>
</tr>
<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)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNION CITY FAMILY CENTER 725 Whipple Rd, Union City, CA 94587</td>
<td>4</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>The Union City Family Center is a partnership of families, schools,</td>
<td></td>
<td>community, and public and private organizations working together to promote &quot;cradle to retirement&quot; success.</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
   (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 [x] No [ ]
   - **Face Value of Each Ticket/Pass** $40
   - **Event Description** DISNEY ON ICE
   - **Date(s)** 3/2/19 3/3/19
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **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.

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

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

   **C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy**
   - **Union City Family Center** 725 Whipple Road, Union City, CA 94587
   - **B** To reward a nonprofit organization for its contributions to the community
   - **C** To build community by engaging and preparing youth/adults to participate

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]
   - [Designee]
   - [Print Name]
   - [Superintendent’s Assistant]
   - [Title]
   - [Month, Day, Year]

   **Comment:**

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Disney on Ice
   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
   Date(s) 03 / 02 / 19 03 / 03 / 19
   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:

   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, Gabriela Christy, certify under penalty of perjury under the laws of the State of California that the information set forth above is true and correct to the best of my knowledge.
   Supervisor's Assistant
   (Month, Day, Year)

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 850 / 30
   Event Description: G18 Warning vs Denver
   Date(s) 3 / 8 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: GOLDSNATWLHURRICD
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      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)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 100
Event Description ALT 105-3 presents: Museum
Provide Title/Explanation
Date(s) 3-9-19
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
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
Alameda County Democrats Committee
P.O. Box 3957 Hayward, CA 94541
Coordinates and participates in county elections
4
To reward a nonprofit organization for its contributions to community events and directing resources to support local state and national candidates

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
Signee

Supervisor's Assistant
Title
(Month, Day, Year)

Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 250
Event Description GS WARRIORS VS DODGERS Date(s) 3/10/19
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)

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

Gabriela Christy
Supervisor’s Assistant

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 750
   Event Description
   Justin Timberlake
   Provide Title/Explanation
   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)
   Date(s) 3/15/19

3. Recipients
   * Use 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
      Newark Unified School District
      575 Musick Dr. Newark CA
      Inspire and educate our students to achieve their full potential to be responsible, respectful, productive citizens.
      To reward a school for its contributions to the community.
      4

4. Verification
   I have read and understand FPPC Regulations 19444.1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy
   Supervisor's Assistant
   (Month, Day, Year)
   Comment:
Agency 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: Morgan Freeman's speech
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☑
   Face Value of Each Ticket/Pass $ 360

   Date(s) 3/21/19

   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:

   Michael  4

   Ceremonial Role ☐  Other ☐  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.

   [Signature]  Gabriela Christy  Supervisor's Assistant
   [Print Name]  [Title]  3/21/19
   (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 ☐
   Face Value of Each Ticket/Pass $ 36
   Event Description Oakland A's Vs. Giants
   Date(s) 03 / 24 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Vaile, 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)
      Income ☐
      To reward a community volunteer for his or her service to the public
      Ceremonial Role ☐ Other ☐
      if checking "Ceremonial Role" or "Other" describe below:
      Income ☐

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

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

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 oakland athletics vs. LA Angels
   Date(s) 3/28/19 3/29/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: oakland athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: 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:
   Income ☐
   Jackson Hill ☐
   Martinez Joseph ☐
   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 understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy Supervisor's Assistant Print Name Title
   (Month, Day, Year)
   Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Face Value of Each Ticket/Pass $24/$24
   Event Description Oakland As vs. L.A Angels
   Provide Title/Explanation
   Date(s) 3/30/19 3/31/19
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No □ Yes ☑
   If yes: 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:
      Income ☐
      For 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
   Title
   Date of Original Filing: (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

Date Stamp California Form 802
For Official Use Only

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

Face Value of Each Ticket/Pass $ 350/50

Event Description GS WARRIORS VS. CHICAGO
Provide Title/Explanation

Date(s) 3/31/19

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:

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

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

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

or Designee Print Name Title (Month, Day, Year)

Comments
Auction Item to be used for ST. FRANCIS Spectacular

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

1. Agency Name
   Alameda County

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Sarah Oddie

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [□]

   Event Description: Disney on Ice

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

   If no: Golden State Warriors

   Face Value of Each Ticket/Pass $60

   Date(s): 03/01/19

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 [□]

   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

   ALL IN Alameda County, 1221 Oak Street, Oakland, CA 94612
   4
   To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...

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

   Signature: Sarah Oddie

   Supervisor's Assistant: 04.01.2019
   Title: (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No □
   Face Value of Each Ticket/Pass $ $60
   Event Description Disney on Ice
   Date(s) 03/02/19
   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: 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
      (Law, Fax)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      • Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Trybe, 2000 Park Blvd, Oakland, CA 94606
      4
      To reward a school or nonprofit organization for its contributions to the community
      Family service center in Oakland

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

   Signature Sarah Oddie Supervisor's Assistant 04.01.2019
   Print Name Title (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   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): 03 / 08 / 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.

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

   **Section 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...

   **Section 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.

   Sarah Oddie __________________________  Supervisor's Assistant __________________________
   Print Name
   Title
   Date: 04.01.2019 (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 Muse
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
If yes: Chan, Wiima
Official’s Name (Last, First)
Face Value of Each Ticket/Pass $100
Date(s) 03 / 09 / 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

<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>
<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)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimmerman, Maud</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td>Ayala, Jaime</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
</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)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
Sarah Oddie
Supervisor’s Assistant
04.01.2019

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@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 ☑
- **If no: Golden State Warriors**
- **Name of Source**: Chan, Wilma
- **If yes: Chan, Wilma**

### 3. Recipients
- **Face Value of Each Ticket/Pass**: $304.80 ticket/$30 park
- **Date(s)**: 03/10/19

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

#### B. Name of Individual
<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friedman, Mark</td>
<td>2</td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization
<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eden Housing, 22645 Grand St, Hayward, CA 94541</td>
<td>2+p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

### 4. Verification
- **Sarah Oddie**: Signature
- **Supervisor's Assistant**: Signature

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**Comment:**

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**FPCC Form 802 (4/12)**

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

1. Agency Name
   Alameda County

   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie

   Area Code/Phone Number 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 $750
   Event Description Justin Timberlake
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 03 / 15 / 19
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wiima
   Officer's Name (Last, First)

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

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

      Sanchez, Marcelina 2
      Ceremonial Role ☐ Other ☐ Income ☐
      To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

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

4. Verification
   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 04.01.2019
   Signee Print Name Title (Month, Day, Year)
**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** Basketball Game
   - **Face Value of Each Ticket/Pass** $304.80 ticket/$30 park
   - **Date(s)** 03/21/19
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **If yes:** Chan, Wilma
     - **Official's Name (Last, First)**
     - **Name of Source** Golden State Warriors
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒

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** Leslie, Barbara
     - **Number of Ticket(s)/Pass(es)** 2+p
     - **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...**
     - **2+p**
     - **C.**
       - **Name of Outside Organization**
       - **Number of Ticket(s)/Pass(es)**
       - **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**
   - **I have, in accordance with regulations 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.**
   - **Signature of Agency, Designee or Designee**
   - **Sarah Oddie**
   - **Supervisor's Assistant**
   - **Print Name**
   - **Title**
   - **Date** 04.01.2019
   - **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)
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
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $304.80 ticket/$30 park
   Date(s) 03/21/19
   If no: Golden State Warriors
   If yes: Chan, Wilma

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

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

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

   Chan, Zoe 2
   To promote attendance at event held at a County facility in order to maximize potential County revenue...

   2

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

4. Verification
   A. 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
   Signature Print Name Title
   04.01.2019 (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number (510) 272-6693
   E-mail sarah.oddie@acgov.org
   Date Stamp
   California Form 802
   Date of Original Filing: (Month, Day, Year)
   Amendment (Must provide explanation in Part 3.)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $304.80 ticket/$30 park
   Date(s) 03 / 24 / 19
   If no: Golden State Warriors
   If yes: Chan, Wilma
   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
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue...

   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, Sarah Oddie, have verified the distribution set forth above, is in accordance with the requirements.
   Supervisor's Assistant
   04.01.2019
   Print Name
   Title
   (Month, Day, Year)
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
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
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)
Date(s) 03 / 24 / 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 ☐
   To promote attendance at an event held at a County facility in order to maximize potential County revenue...

Cartwright, Delia 2+p

Milkie, Anne 2+p

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

4. Verification
I have reviewed 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 04.01.2019
Print Name Title (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   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
   Event(s) Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 03 / 24 / 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 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  04.01.2019
   Designee  Print Name  Title
   (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Baseball game
Face Value of Each Ticket/Pass $36
Date(s) 03 / 29 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's Name of Source
If yes: Chan, Wilma Official's Name (Last, First)

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

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

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

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

I have signed

Sarah Oddie
Print Name
Supervisor's Assistant
Title
04.01.2019
(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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $45ticket/$20 park
   Date(s) 03 / 29 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's Name of Source
   If yes: Chan, Wilma Official's Name (Last, First)

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
   Wilson, Galen 3+p
   3+p

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

4. Verification
   "I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie Supervisor's Assistant 04.01.2019
   Print Name Title

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

### 1. Agency Name

<table>
<thead>
<tr>
<th>Division, Department, or Region (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
</tr>
<tr>
<td>Sarah Oddie</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
</tr>
<tr>
<td>(510) 272-6693</td>
</tr>
</tbody>
</table>

### 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</td>
<td>Baseball game</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td>Date(s)</td>
<td>03/31/19</td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
<td>$24</td>
</tr>
<tr>
<td>If no: Oakland A's</td>
<td></td>
</tr>
<tr>
<td>If yes: Chan, Wilma</td>
<td></td>
</tr>
</tbody>
</table>

### 3. Recipients

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

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

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

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

### 4. Verification

By the authority of 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 | 04.01.2019

(Stamp)

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, Fourth District
   Designated Agency Contact (Name, Title)
   Nathan Miley, Supervisor, Fourth District

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 $ ____________
   Date(s) ____/__/____
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: OACCA
   Name of Source
   If yes: Miley, Nathan
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Rodriguez, Coco</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit</td>
</tr>
</tbody>
</table>

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

4. Verification
   I 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, Fourth District
   Title
   4/1/19
   (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, Fourth District
   Designated Agency Contact (Name, Title)
   Nathan Miley, Supervisor, Fourth District
   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 $
   Event Description: Disney on Ice
   Date(s): 3/2/19
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: OACCA
   If yes: Miley, Nathan
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Name of Source:
   Official's Name (Last, First):

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</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>Turner, Matt</td>
<td>4</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit... to regard a county employee for his service to the public</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Nathan Miley
   Supervisor, Fourth District
   Print Name: 
   Title: 
   Date: 4/1/19
   (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, Fourth District

Designated Agency Contact (Name, Title)
Nathan Miley, Supervisor, Fourth District

Area Code/Phone Number
(510) 272-6694

E-mail
district4@acgov.org

Date Stamp

**2. Function or Event Information**

- Does the agency have a ticket policy? Yes ☒ No ☐
- Event Description: Golden State Warriors
- Face Value of Each Ticket/Pass $304.80
- Date(s): 3 / 8 / 19
- Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
- If no: OACCA/Golden State Warriors
- Name of Source
- If yes: Miley, Nathan
- Official's Name (Last, First)

**3. Recipients**

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</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>Sunflower Hill Pleasanton, CA</td>
<td>4</td>
<td>To increase attendance... maximize profit...</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, Fourth District
4/1/19

Print Name
Title
(month, day, year)

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

**Agency Name**
Alameda County
Board of Supervisors, Fourth District

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

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

<table>
<thead>
<tr>
<th>Date Stamp: California Form 802</th>
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<tr>
<td>Form 802 (2/2016)</td>
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</table>

<table>
<thead>
<tr>
<th>Amendment (Must Provide Explanation in Part 3.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Original Filing: (month, day, year)</td>
</tr>
</tbody>
</table>

**2. Function or Event Information**

- Does the agency have a ticket policy? Yes ☑ No ☐
- Face Value of Each Ticket/Pass $304.80
- Event Description: Golden State Warriors
- Date(s) 3/10/19
- Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
- If no: OACCA/Golden State Warriors
- Name of Source
- Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
- If yes: Miley, Nathan

**3. Recipients**

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

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

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

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson, Bruce</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance...maximize profit...community volunteer</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chabot College Foundation, Hayward, CA</td>
<td>2</td>
<td>To increase attendance...maximize profit...</td>
</tr>
</tbody>
</table>

**4. Verification**

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

/ Nathan Miley /

Print Name: Nathan Miley

Title: Supervisor, Fourth District

Date: 4/1/19 (month, day, year)
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

**Agency Name**
Alameda County

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

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

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

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

---

**Date Stamp**

---

**Form**
California 802

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

---

**2. Function or Event Information**

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

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

**Event Description:** Golden State Warriors

**Date(s)** 3 / 21 / 19

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

**If no: OACCA/Golden State Warriors**

**Name of Source**
Miley, Nathan

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

---

**3. Recipients**

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

#### A.

<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>

#### B.

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</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>Atebert, Ron</td>
<td>4</td>
<td>To increase attendance... maximize profit...community volunteer</td>
</tr>
</tbody>
</table>

#### C.

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

---

**4. Verification**

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

---

Nathan Miley
Supervisor, Fourth District
4/1/19

---

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
   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): 03/02/19
   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
   A. Name of Agency/Recipient or Individual (if applicable)
      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
      Peter Pan Cooperative Nursery School 8
      To promote attendance at a County sponsored event/held at a County facility in order to maximize potential County revenue

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
   (Month, Day, Year): 3/27/19

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)

   Name: Briana Brown
   E-mail: Briana.brown2@acgov.org

   Area Code/Phone Number: (510) 541-6556

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): 03 / 08 / 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? 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 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 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, Briana Brown, have verified that the distribution set forth above, is in accordance with the requirements.

   Supervisor's Assistant: 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, Title)
   Briana Brown, Supervisors Assistant
   Area Code/Phone Number E-mail
   (510) 541-6655 briana.brown2@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 $ 100.00
   Event Description Muse
   Provide Title/Explanation
   Date(s) 03 / 09 / 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 Recipient (last, first) Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      [Blank]
   B. Name of Individual (last, first) Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      [Blank]
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at a County sponsored event/held at a County facility in order to maximize potential County revenue
      Ceremonial Role ☐ Other ☐ Income ☐
      [Blank]
      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
      [Blank]

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown Supervisor’s Assistant
   Print Name Title (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 E-mail
   (510) 541-6655 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) 03 / 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: ________________________________
   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
      John Muir Elementary School
      Educate Youth in Alco
      4
      To reward a school or nonprofit organization for its contributions to the community

4. Verification
   PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Supervisor’s Assistant
   4/5/19
   Comment: Parking Pass: $30.00

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: Warriors Basketball
   Face Value of Each Ticket/Pass $304.80
   Date(s) 03 / 21 / 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)
   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)
      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
      Peralta Elementary School
      Educate Youth in Alco 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
   4/5/19

Comment: Parking Pass: $30.00