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 $ 36.00
   Event Description: Oakland A's Game
   Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
   Date(s) 04 / 02 / 19
   Was ticket distribution made at the behest of agency official?  Yes ☑ No ☐
   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>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>2</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>Garcia, Esmerelda</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

<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 declare and understand California Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance
   with the agency's policy.

   Leah Doyle-Stevens  Ticket Administrator  6/6/2019
   Signature of Agency Head or Designee

   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 ☐  
Face Value of Each Ticket/Pass $150.00
Event Description: Michael Buble Concert
Date(s) 04 / 05 / 10
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: ____________________________  
If yes: Scott Haggerty
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
Alameda County Board of Supervisors, District 1
Number of Ticket(s)/Passes
4
Describe the public purpose made pursuant to the agency’s policy
To reward a county employee for his or her exemplary service to the public

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

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

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

Leah Doyle-Stevens
Signature of Agency Head or Designee

Ticket Administrator
Print Name

Date
4/18/2019 (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, 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 $100.00
   Event Description: Arijit Singh
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Date(s) 04 / 06 / 19
   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>
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<tr>
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</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>Dupender, T.J.</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 “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee: Leah Doyle-Stevens
   Print Name: Ticket Administrator
   Title: 4/18/2019
   (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: The Millenium Tour (B2K)
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If yes: Scott Haggerty
   Name of Source
   If no: ____________________________
   Face Value of Each Ticket/Pass $ 100.00
   Date(s) 04/12/19
   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 California Public Retations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

   Signature of Agency Head of Designated
   Print Name Leah Doyle-Stevens
   Title Ticket Administrator
   Date 4/18/2019 (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 $ 312.50
Event Description: Warriors Playoff Game
Date(s) 04/13/19
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.

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<th>A. Name of Agency, Department or Unit</th>
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<th>Number of Ticket(s)/Passes</th>
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<tr>
<td>Mitani, Kourtney</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>
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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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</table>

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

Signature of Agency Head or Designee: ___________________________  Leah Doyle-Stevens  Ticket Administrator  4/18/2019
(Print Name  Title  (month, day, year))

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 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: Warriors Playoffs 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 $312.50
   Date(s) 04/15/19
   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.

   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
   Alaniz, Lupita | 4
   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 said regulations.
   Signature of Agency Head of Designee
   Leah Doyle-Stevens
   Print Name
   Ticket Administrator
   Title
   4/18/2019 (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, 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 $ 17.00
Event Description: Oakland A’s Game Date(s) 04 / 17 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Scott Haggerty

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 Fire Department 4 To reward a county employee for his or her exemplary service to the public.

B. Name of Individual (Last, First) Number of Ticket(s)/Passes
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
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 populations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with

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

Comment: ____________________________

FPPC Form 802 (2/2015)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Ticket Administrator
   Area Code/Phone Number
   510-272-5691
   E-mail
   leeanann.fergerson@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must Provide Explanation in Part 3.)
   Date of Original Filing: (month, day, year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $78.00
   Event Description: A's Baseball
   Date(s) 4/17/18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland Athletics
   If yes: Haggerty, Scott
   Name of Source
   Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>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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<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>Krause, Sherry</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
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</tbody>
</table>

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

   Lee Ann Fergerson ☑️ Ticket Administrator ☑️
   Print Name 6/27/18 (month, day, year)

Comment: ☑️ ☑️ ☑️

FPPC Form 802 (2/2018)
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, 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: Snoop Dogg
   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: $250.00
   Date(s): 04/19/19
   Name of Source: Haggerty, Scott
   Official's Name (Last, First)

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

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

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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palacios, Monique</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>
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<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

4. Verification
   I hereby declare under penalty of perjury that I have followed the procedures of Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with this.

   Signature of Agency Head or Designee: __________________________
   Print Name: Leah Doyle-Stevens
   Title: Ticket Administrator
   Date: 5/1/19

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

1. **Agency Name**
   - Alameda County
   - Division, Department, or Region (if applicable)
   - Board of Supervisors, District 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: Snoop Dogg Concert
   - Face Value of Each Ticket/Pass: $250.00
   - Date(s): 04 / 19 / 19
   - Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   - If no: Name of Source
   - If yes: Scott Haggerty
   - 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>
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<tr>
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<tbody>
<tr>
<td>Palacios, Monique</td>
<td>2</td>
</tr>
<tr>
<td>Perkins, Myra</td>
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4. **Verification**
   I have read and understand California Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with:

   Signature of Agency Head or Designee

   Leah Doyle-Stevens
   Ticket Administrator
   4/19/2019

   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, 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 [x] No [ ]
Event Description: Oakland A's Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
If no: ___________________________
If yes: Scott Haggerty
Name of Source
Official's Name (Last, First)
Face Value of Each Ticket/Pass $ 27.00
Date(s) 04 / 20 / 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.

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<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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<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>Alameda County Deputy Sheriff's Association 6689 Owens Drive, Pleasanton, CA 94566</td>
<td>4</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

[Signature of Agency Head or Designee] [Print Name] [Title]
Leah Doyle-Stevens

Ticket Administrator

6/6/2019 (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, District 1
   Designated Agency Contact (Name, Title)
   Leah Doyle-Stevens, Ticket Administrator
   Area Code/Phone Number
   510-272-6691
   E-mail
   Leah.D 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) 04/22/19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If yes: Scott Haggerty
   Name of Source
   If no: Name of Source
   Official's Name (Last, First)

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

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

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

4. Verification
   Signature of Agency Head or Designee
   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 $ 17.00
   Event Description: Oakland A's Game
   Date(s) 04 / 23 / 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>Garcia, Esmerelda</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Official or Designee
   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 ☐

Event Description: Warriors Playoffs 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 $312.50

Date(s) 04 / 24 / 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>
</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>Wente, Karl</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td>McGrail, Shannon</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

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

Leah Doyle-Stevens

Ticket Administrator

4/25/2019
(month, day, year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, 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 $312.50
   Event Description: Warriors Playoffs Game
   Date(s) 04 / 28 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If yes: Scott Haggerty
   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.

<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>Alameda County BOS, District 1</td>
<td>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>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

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

Leah Doyle-Stevens 5/3/2019
Ticket Administrator

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 $ 312.50  
Date(s)  
04 / 30 / 19  
Warriors Playoffs Game
Ticket(s)/Pass(es) provided by agency?  
Yes ☒ No ☐  
If no:  
Name of Source  
Scott Haggerty  
If yes:  
Official's Name (Last, First)  
Scott Haggerty  
Yes ☒ No ☐  
Was ticket distribution made at the behest of agency official?

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

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

| 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. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dosanjh, Jessi</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Leah Doyle-Stevens  
Ticket Administrator  
Print Name  
Title  
5/3/2019
(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
   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: GSW Warriors - Banker
   Provide Title/Explanation
   Date(s) 4/2/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: GoldenStateWarriors
   If yes: Valle, Richard- Supervisor District 2
   Name of Source
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

   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:

   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
   Christian Youth Organization 4/1
   Describe how the event benefits the community
   "To reward a non profit for its contributions to the community"

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy 5/6/19
   Supervisor's Assistant
   Designee Print Name Title (Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Oakland Al's vs Boston Red Sox
   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 $ 97
   Date(s) 8/4/19
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es)
      Identify one of the following:
      ☐ Commercial Use ☐ Other ☐
      Income ☐
      James Brianna 2
      To reward a community volunteer for his or her service to the public

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

4. Verification
   I 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** (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**
Mickdel Bubie
Provide Title/Explanation

**Face Value of Each Ticket/Pass** $150

**Date(s)** 4 / 3 / 19

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

If no: ____________________________
Name of Source

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

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

---

**3. Recipients**

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>
| Island Foundation | 4                         | To reward a nonprofit for its contributors to the community

---

**4. Verification**

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

Gabriela Christy  Supervisor’s Assistant

Print Name  Title

(Month, Day, Year)

---

Comment: 

---

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description
   Face Value of Each Ticket/Pass $ 27
   Date(s) 4/3/19 4/4/19
   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:
      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 4/4/19
   (Sign) (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 $ 250
   Event Description "Cleveland"
   Date(s) 4/15/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: "Golden State Warriors"
   Name of Source 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
      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
      Number of Ticket(s)/Pass(es)
      (Include address and description)
      Describe the public purpose made pursuant to the agency's policy

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.Christy@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 100
   Event Description □ ARUTUNGU
   Provide Title/Explanation
   Date(s) 4/0/19
   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:
      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 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 5/16/19
   Designee Print Name Title (Month, Day, Year)

Comment: ________________________________
Agency Name: Alameda County
Division, Department, or Region (If Applicable): 
Board of Supervisors
Designated Agency Contact (Name, Title): 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: Golden State Warriors vs. Los Angeles Lakers
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/Pas $250
Date(s): 4/7/19

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:
Income ☐
Go reward a community volunteer for his or her service to the public
Income ☐
Go 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)

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

Gabriela Christy
Print Name
Supervisor's Assistant
Title
5/14/19
(Month, Day, Year)

Comment: 

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

**Agency Name**
Alameda County

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan, Christopher</td>
<td>31</td>
<td>Ceremonial Role ☐  Other ☐  Income ☐  To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Ramos, Estrella</td>
<td>3</td>
<td>Ceremonial Role ☐  Other ☐  Income ☐</td>
</tr>
<tr>
<td>Armesquita, Francisco</td>
<td>3</td>
<td>Ceremonial Role ☐  Other ☐  Income ☐  To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Arellano, Danny</td>
<td>3</td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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: WEEZER PIXIES
   Provide Title/Explanation
   Date(s): 4/10/19
   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: 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
   [Signature]
   (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
Division, Department, or Region (If Applicable)
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 Millennium Tix UK
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $ 100
Date(s) 4/12/19
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

B. Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ 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
Signature Print Name (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: GS Warriors vs. LA Clippers
   Date(s): 4/13/19 4/15/19
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Name of Source: Golden State Warriors
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Name of Official: Valle, Richard-Supervisor District 2

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following: To reward a community volunteer for his or her service to the public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flores, Indikia</td>
<td>4/1</td>
<td>Income ☐</td>
</tr>
<tr>
<td>Kennedy, Matthew</td>
<td>4/1</td>
<td>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>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy
   Supervisor's Assistant
   (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 $ 17
Event Description Oakland A's vs. Angels
Provide Title/Explanation
Date(s) 4/14/19 4/17/19
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.

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estrada, Jackie</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Núñez, Blanca</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

Signee: Gabriela Christy   Print Name:    Supervisor’s Assistant   Title: 
(Month, Day, Year) 5/16/19

Comment: 

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 (Provide Title/Explanation)
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 250
   Date(s) 4/19/19
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<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>Rodriguez, Roberto</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
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<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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4. Verification
I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy
Supervisor's Assistant

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, $27
Event Description Oakland A's vs. Toronto Blue Jays
Provide Title/Explanation
Date(s) 4/19/19 4/20/19
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.

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rodriguez Sarah</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hernández Rocio</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

Gabriela Christy          Supervisor's Assistant           (Month, Day, Year)
Ignée                   Print Name
5/16/19

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 45 / 20
   Event Description Oakland A's VS. Toronto Blue Jays
   Date(s) 4 / 20, 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Oakland Athletics
   Name of Source
   If no: Valles, 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
      Social Services Agency 18 / 3
      To reward a community employee for more than exemplary service to the public

   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

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: (510) 272-6692
   E-mail: Gabriela.Christy@acgov.org
   Date Stamp: California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Has the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass: $671
   Event Description: Oakland Athletics vs. Texas
   Provide Title/Explanation:
   Event Date(s): 4/23/19, 4/24/19
   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: Valle, Richard- Supervisor District 2
   Official's Name (Last, First):

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

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

   | Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson Cecil</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Sarate Jessica</td>
<td>2</td>
<td></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>
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<tbody>
<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 with the requirements.
   Designee: Gabriela Christy
   Print Name: Print Name
   Supervisor's Assistant: Supervisor's Assistant
   Title: Title
   Date: 5/01/19
   (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
   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 17
   Event Description Oakland A's vs. Texas
   Event(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 4/23/19
   Ticket(s)/Pass(es) provided by agency?
   If no: Oakland Athletics
   Name of Agency Event
   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:

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

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

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

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

### 1. Agency Name
- Alameda County

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description:** GS Warriors Clippers
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **Face Value of Each Ticket/Pass:** $ 
- **Date(s):** 4/24/19
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑

### 3. Recipients

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
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<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td>Lee 1 Chan U</td>
<td>4/1</td>
<td>To reward a community volunteer for his or her service to the public</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 with the requirements.

- **Designee:**
- **Print Name:** Gabriela Christy
- **Title:** Supervisor's Assistant

Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ __________
   Event Description GS WARRIORS VS. ROCKETS
   Date(s) 4/08/19 4/30/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: GOLDEN STATE WARRIORS
   If yes: Valle, Richard- Supervisor District 2
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit __________
      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: __________________________
      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
   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**

### Continuation Sheet

### 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>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Campbell Anika</strong></td>
<td></td>
<td><strong>Income</strong></td>
</tr>
<tr>
<td><strong>ADAMS Linda</strong></td>
<td></td>
<td><strong>Income</strong></td>
</tr>
</tbody>
</table>

To reward a community volunteer for his or her service to the public

#### C. Name of Outside Organization

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 27
   Date(s) 04 / 03 / 19
   If no: Oakland A's
   If yes: Chan, Wilma
   Name of Source
   Official's Name (Last, First)

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

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

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: 
                                  |                               | Ceremonial Role ☐ Other ☐ Income ☐ |
|-------------------------------------|-----------------------------|------------------------------------------------------------------|
| Brekke-Miesner, Lukas              | 2                           | Ceremonial Role ☐ Other ☐ Income ☐                              |
|                                     |                             | If checking "Ceremonial Role" or "Other" describe below:         |
|                                     |                             | To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... |
|                                     |                             | Ceremonial Role ☐ Other ☐ Income ☐                              |
|                                     |                             | If checking "Ceremonial Role" or "Other" describe below:         |
|                                     |                             |                                                                  |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|                                      |                             |                                                                  |

4. Verification

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

Sarah Oddie  Supervisor's Assistant  05.06.2019
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 [x]  No [ ]
- **Face Value of Each Ticket/Pass:** $150
- **Event Description:** Michael Buble
- **Date(s):** 04/03/19
- **Ticket(s)/Pass(es) provided by agency?**
  - Yes [ ]  No [x]
- **If no:** Golden State Warriors
- **Name of Source:** Chan, Wilma
- **If yes:** Chan, Wilma

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

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

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

### 4. Verification
- I have read and understand FPPC Regulations 18944.1 and 18943. I have verified that the distribution set forth above, is in accordance with the requirements.

  - Sarah Oddie  Supervisor’s Assistant  04.29.2019
  - 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 ☐
Event Description Weez & Pixies
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official’s Name (Last, First)
Face Value of Each Ticket/Pass $ __________ 150
Date(s) __________ 04 / 10 / 19 __________ __________ __________

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</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>Vilchis, Jeadi</td>
<td>2</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td>Rivas, Morelia</td>
<td>2</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
</tbody>
</table>

4. Verification
I, __________________________, after reading §§ 18944.1 and 18942 of the Government Code, have verified that the distribution set forth above, is in accordance with the requirements.
Sarah Oddie
Pilot Name
Supervisor's Assistant
Title
04.29.2019
(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 ☐
   Face Value of Each Ticket/Pass $ 250
   Event Description The Millennium Tour
   Date(s) 04 / 12 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source Chan, Wilma
   If yes: Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The East Oakland Collective, P.O. Box 5382, Oakland, CA 94605</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

   | Community building group in East Oakland |

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

   / Sarah Oddie ✍ Supervisor's Assistant ☑
   Print Name (free)
   Title
   Date 04.29.2019 (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
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number (510) 272-6693
   E-mail sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Face Value of Each Ticket/Pass $312.50 ticket/$30 park
   Date(s) 04 / 13 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   If yes: Chan, Wilma
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Official’s Name (Last, First)

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

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

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

   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
   Date Stamp 04.29.2019
   (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 ☐
   Face Value of Each Ticket/Pass $312.50 ticket/$30 park
   Event Description Basketball Game
   Date(s) 04 / 13 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

   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:

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

      2
      Ceremonial Role ☐ Other ☐ Income ☐

   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
   04.29.2019
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $312.50 ticket/$30 park
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   If yes: Chan, Wilma
   Name of Source
   Official’s Name (Last, First)
   Date(s) 04 / 15 / 19
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

3. Recipients
   • Use Section A to identify the agency’s department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      
      
      
   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      if checking “Ceremonial Role” or “Other” describe below:
      To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
      
      
      
   C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      
      
      
4. Verification
   (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
   Print Name Title
   04.29.2019
   (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 ☐
   Face Value of Each Ticket/Pass: $ 24
   Event Description: Baseball game
   Date(s): 04 / 19 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   If yes: Chan, Wilma
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Official's Name (Last, First)

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor's Assistant
   05.06.2019
   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 $250  
Event Description Snoop Dogg  
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)

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

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

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

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

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

Sarah Oddie  
Supervisor’s Assistant  
04.29.2019  
(Month, Day, Year)

Comment: ______________________________________________________________________________________
### 1. Agency Name

Alameda County

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

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

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

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

#### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description** Baseball game
- **Face Value of Each Ticket/Pass $** 27
- **Date(s)** 04 / 20 / 19
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no:** Oakland A's
- **Name of Source** Chan, Wilma

#### 3. Recipients

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOS Meals on Wheels, 2235 Polvorosa Ave #260, San Leandro, CA 94577</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Meal service for low-income homebound seniors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Verification

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

**Sarah Oddie**

**Supervisor’s Assistant**

**Date** (Month, Day, Year) 05.06.2019

**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 Baseball game
   Face Value of Each Ticket/Pass $ 24
   Date(s) 04 / 21 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   If yes: Chan, Wilma
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit
      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
      SOS Meals on Wheels, 2235 Polvorosa Ave #260, San Leandro, CA 94577
      2 To reward a school or nonprofit organization for its contributions to the community
      Meal service for low-income homebound seniors

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

   Sarah Oddie
   Supervisor's Assistant
   Date 05.06.2019

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
   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 $17
   Event Description Baseball game
   Date(s) 04/24/19
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source Chan, Wilma
   If yes: Official's Name (Last, First)

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

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

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

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

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

   Sarah Oddie
   Print Name
   Supervisor's Assistant
   Title
   05.06.2019 (Month, Day, Year)

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

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

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $312.50 ticket/$30 park
Event Description Basketball Game
Date(s) 04 / 24 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Chan, Wilma

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staggers-Elmore, Celeste</td>
<td>2+p</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2+p</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</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 hereby certify that the distribution set forth above, is in accordance with the requirements.
Sarah Oddie
Supervisor's Assistant
04.29.2019
(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
Basketball Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $312.50 ticket/$30 park
Date(s) 04 / 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.

<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>Wilson, Galen</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking 'Ceremonial Role' or 'Other' describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking 'Ceremonial Role' or 'Other' describe below:</td>
</tr>
</tbody>
</table>

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

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
04.29.2019
(Month, Day, Year)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Sarah Oddie

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

Date Stamp

California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

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

Face Value of Each Ticket/Pass $312.50 ticket/$30 park

Event Description Basketball Game

Provide Title/Explanation

Date(s) 04/28/19

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

If no: Golden State Warriors

Name of Source

If yes: Chan, Wilma

Official's Name (Last, First)

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

A. Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es)

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

B. Name of Individual (Last, First)

Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

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

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

Ceremonial Role ☐ Other ☐ Income ☐

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

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...

4. Verification

I declare under penalty of perjury that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie  Supervisor's Assistant  04.29.2019

Print Name  Title  (Month, Day, Year)

Comment: 

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   E-mail sarah.oddie@acgov.org

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(510) 272-6693</td>
<td><a href="mailto:sarah.oddie@acgov.org">sarah.oddie@acgov.org</a></td>
</tr>
</tbody>
</table>

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $312.50 ticket/$30 park
   Event Description Basketball Game
   Date(s) 04/28/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

   B. Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:
   ____________________________________ | ___________________________ | ___________________________________________
   Chan, Carl | 2+p | Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   To reward a community volunteer for his or her service to the public
   ____________________________________ | ___________________________ | ___________________________________________
   2+p | Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   ____________________________________ | ___________________________ | ___________________________________________

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

4. Verification
   I hereby certify that I have understood FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   _____________________________
   Signature
   _____________________________
   Print Name
   _____________________________
   Supervisor’s Assistant
   _____________________________
   Title
   _____________________________
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $312.50 ticket/$30 park
   Event Description Basketball Game
   Provide Title/Explanation
   Date(s) 04 / 30 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Sarah Oddie
   Supervisor’s Assistant
   04.30.2019

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 ☐
Face Value of Each Ticket/Pass $312.50 ticket/$30 park
Event Description Basketball Game
Provide Title/Explanation
Date(s) 04 / 30 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

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

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

4. Verification
I declare under penalty of perjury under 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
Print Name
Title
04.30.2019
(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, Fourth District
Designated Agency Contact (Name, Title)
Nathan Miley
Area Code/Phone Number E-mail
(510) 272-6694 district4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 304.80
Event Description: Golden State Warriors
Provide Title/Explanations
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 4 / 2 / 19
If no: Golden State Warriors
If yes: Official’s Name (Last, First)
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
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<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>Aguilar, Eva</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>To increase attendance... to maximize profit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Franklin, Mary</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>To increase attendance... to maximize profit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<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  05/01/19
Print Name  Title  (month, day, year)

Comment: J
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
Area Code/Phone Number  E-mail
(510) 272-6694 district4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 304.80
Event Description: Golden State Warriors
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 4 / 5 / 19
if no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
Officer's Name (Last, First)

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

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

<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>Walker, Christina</td>
<td>2</td>
<td>To increase attendance... to maximize profit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<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>Hayward Arts Council</td>
<td>2</td>
<td>To reward a nonprofit organization for their service to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>general public... to increase attendance</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  9/1/19
Print Name  Title  (month, day, year)

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

1. **Agency Name**
   - Alameda County
   - Board of Supervisors, Fourth District
   - Designated Agency Contact: Nathan Miley, Supervisor, Fourth District

   **Area Code/Phone Number**
   - (510) 272-6694
   - district4@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 $** 304.80
   - **Event Description:** Golden State Warriors
   - **Date(s):** 4 / 13 / 19
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   - **If yes, Name of Source:** Miley, Nathan
   - **If no:** OAICA
   - **Official's Name (Last, First):**

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

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

   **Signed**
   - Nathan Miley
   - Supervisor, Fourth District
   - 5/1/19

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors, 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 ☐
Event Description: Golden State Warriors
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 304.80
Date(s) 4 / 15 / 19
If no: OACCA
Name of Source Miley, Nathan
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<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>Pete, Geoffrey</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Name of Outside Organization (include address and description)</td>
<td>Number of Ticket(s)/Passes</td>
<td>Describe the public purpose made pursuant to the agency’s policy</td>
</tr>
<tr>
<td></td>
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<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
5/1/19 (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 E-mail
   (510) 272-6694 district4@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Golden State Warriors
   Face Value of Each Ticket/Pass $ 304.80
   Date(s) 4/24/19
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: OACCA
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Miley, Nathan

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul, Gary</td>
<td>4</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

   Nathan Miley
   Supervisor, Fourth District
   5/1/19 (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 ☐

   **Event Description:** Golden State Warriors

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

   **Date(s):** 4 / 28 / 19

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

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

   **Provide Title: Expiration**
   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.

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

   **B.**
   **Name of Individual**
   (Last, First)
   **Number of Ticket(s)/Passes**
   **Identify one of the following:**
   **Ceremonial Role** ☑ **Other** ☐
   **Income** ☐
   
   **To increase attendance... maximize profit...**

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

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

   **Nathan Miley**
   Supervisor, Fourth District
   5/1/19

   **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
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number (510) 272-6618
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Warriors vs. Clippers
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 312.50
   Date(s) 04 / 14 / 19
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Official’s Name (Last, First)

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
   D5
   4
   To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue

   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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor’s Assistant
   Print Name
   Title
   (Month, Day, Year)
   Comment: Parking Pass: $30.00
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Briana Brown
Area Code/Phone Number (510) 272-6618
E-mail briana.brown2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Warriors vs. Clippers
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $ 312.50
Date(s) 04 / 15 / 19
If no: Golden State Warriors
Name of Source
If yes: Official’s Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit D5
Number of Ticket(s)/Pass(es) 4
Describe the public purpose made pursuant to the agency’s policy
To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue

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

4. Verification
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
4/30/19 (Month, Day, Year)

Comment: Parking Pass: $30.00

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number (510) 272-6618
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description Warriors vs. Clippers
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   Face Value of Each Ticket/Pass $312.50
   Date(s) 04 / 24 / 19
   If no: Golden State Warriors
   Name of Source
   If yes: Official’s Name (Last, First)

3. Recipients
   A. Title of Agency, Department, or Unit
      D5
      Number of Ticket(s)/Pass(es) 4
      Describe the public purpose made pursuant to the agency’s policy
      To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue
   B. Name of Individual (List First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      Description:
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      Description:
   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor’s Assistant
   04/30/19
   Parking Pass: $30.00
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number (510) 272-6618
   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 $312.50
   Event Description Warriors vs. Rockets
   Date(s) 04 / 28 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Official's Name (Last, First)

3. Recipients
   Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      D5 4
      Describe the public purpose made pursuant to the agency's policy
      To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue

   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

4. Verification
   I, Briana Brown, the Supervisor's Assistant, certify that 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements:
   Briana Brown
   Supervisor's Assistant
   (Last, First)
   Comment: Parking Pass: $30.00
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number (510) 272-6618
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Warriors vs. Rockets
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $312.50
   Date(s) 04/30/19
   If no: Golden State Warriors
   Name of Source
   If yes: Official's Name (Last, First)

3. Recipients
   Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
      D5
      Number of Ticket(s)/Pass(es) 4
      Describe the public purpose made pursuant to the agency's policy
      To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue

   B. Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I hereby certify under the penalties of perjury that the information on this form is true and correct. I have verified that the distribution set forth above is in accordance with the requirements.

   Briana Brown
   Supervisor's Assistant
   Print Name
   Title
   Date 04/30/19 (Month, Day, Year)

   Comment: Parking Pass: $30.00