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
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must Provide Explanation in Part 3.)
   Date of Original Filing: __/__/__

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 17.00
   Event Description: Oakland A's Game
   Date(s) 05/08/19
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Name of Source
   If no: ____________________________
   If yes: Scott Haggerty
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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

<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>Luna, Mel</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>

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance
   Signature of Agency Head or Designee
   Leah Doyle-Stevens
   Ticket Administrator
   Print Name
   Title
   Date 6/6/2019
   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
   Event Description: Warriors Playoffs Game
   Date(s) 05 / 08 / 19
   Ticket(s)/Pass(es) provided by agency? 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.

   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.
    Gibbons, Connor | 4 | 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, the undersigned, declare under penalty of perjury that the information contained in this report is true and correct. I have verified that the distribution set forth above, is in accordance with the laws of California. I have read the laws 18944.1 and 18942.
   Signature of Agency Head or Designee: ____________________________
   Leah Doyle-Stevens
   Ticket Administrator
   Print Name
   Title
   5/10/2019 (month, day, year)

Comment: ____________________________________________________________

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

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)
Board of Supervisors, District 1

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

Area Code/Phone Number  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) 05 / 10 / 19

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

3. Recipients

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Passes</th>
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<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>4</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐  Other ☐  Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
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<td></td>
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</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>Sunol 4-H Club (Annual Pancake Breakfast) 11601 Main Street, Sunol, CA 94586</td>
<td>4</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

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

Comment: Proceeds from ticket sales went back into supporting the youth 4-H program in Sunol.
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 $45.00  
Event Description: Oakland A's Game  
Date(s) 05 / 10 / 19  
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐  
If no:  
Name of Source: Scott Haggerty  
If yes:  
Name of Source:  
Official's Name (Last, First):  
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐  

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

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

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

| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alameda County Firefighters IAFF 55 Dublin, CA</td>
<td>4</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

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

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

1. **Agency Name**
   Alameda County

2. **Function or Event Information**
   - Event Description: Oakland A's Game
   - Ticket(s)/Pass(es) provided by agency: Yes ☒ No ☐
   - Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   - Face Value of Each Ticket/Pass: $45.00
   - Date(s): 05/11/19

3. **Recipients**
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.
   - **A.** Name of Agency, Department or Unit
   - **B.** Name of Individual (Last, First)
   - **C.** Name of Outside Organization (include address and description)

4. **Verification**
   - I have read and understand PCC regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with these regulations.
   - Signature of Agency Head of Designee: Leah Doyle-Stevens
   - Signature of Ticket Administrator: Ticket Administrator
   - Date: 6/6/2019

**Comment:** Proceeds from auction item sales at the annual fundraiser help to provide continued svcs.to cancer survivors.
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? ✓ No □  Face Value of Each Ticket/Pass $ 24.00
   Event Description: Oakland A’s Game
   Date(s) 05 / 12 / 19
   Ticket(s)/Pass(es) provided by agency? Yes X No □  If no: ___________________________
   Was ticket distribution made at the behest of agency official? Yes X 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.

<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>BOS, District 1</td>
<td>4</td>
<td>To reward a county employee for his or her exemplary service to the public.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role  Other  Income</td>
<td></td>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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4. Verification
   I have read and understand Penal Code Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with
   ____________________________
   Signature of Agency Head of Agency
   ____________________________
   Leah Doyle-Stevens
   Print Name
   ____________________________
   Ticket Administrator
   Title
   6/6/2019 (month, day, year)

Comment: ____________________________

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

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

Area Code/Phone Number: 510-272-6691
E-mail: Leah.Doyle-Stevens@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
   Event Description: Warriors Playoffs Game
   Date(s): 05/14/19
   Ticket(s)/Pass(es) provided by agency? 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>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
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<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grech, Melissa</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>

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

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 1
   Designated Agency Contact (Name, Title)
   Leah Doyle-Stevens, Ticket Administrator
   Area Code/Phone Number: 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 [ ]
   Face Value of Each Ticket/Pass $312.50
   Event Description: Warriors Playoffs Game
   Date(s): 05/16/19
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   If yes: Name: 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>
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<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bukhan, Rahii</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 [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<th>Name of Outside Organization (include address and description)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee: [Signature]
   Print Name: Leah Doyle-Stevens
   Ticket Administrator: [Title]
   Date: 6/6/2019

Comment: [Add any additional comments here]
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 $250.00
Event Description: Carrie Underwood Concert
Date(s): 05 / 17 / 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.

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following: To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snyder, Kimberly</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</tbody>
</table>

4. Verification

I declare under penalty of perjury under the laws 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

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

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

1. Agency Name
   Alameda County

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $45.00
   Event Description: Oakland A’s Game
   Date(s) 05 / 24 / 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.

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

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

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency’s policy
      Tri-Valley Community T.V. (fundraiser event)
      4663 Bernal Ave. Ste.B, Pleasanton, CA 94566
      18
      To reward a school or non-profit organization for its contributions to the community

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

   Signature of Agency Head or Designee
   Leah Doyle-Stevens
   Ticket Administrator
   6/6/2019
   (month, day, year)
   Comment: Proceeds from auction item sales help to fund continued services to the Tri-Valley community.

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

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Date Stamp

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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 $ 27.00

Event Description:  Oakland A's Game

Date(s)  05 / 24 / 19

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

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

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

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sunol Glen School (Spring Fling Fundraiser) 11601 Main Street, Sunol, CA 94586</td>
<td>4</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

4. Verification

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

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

Signature of Agency Head or Administrator

Comment:  Proceeds from auction item sales help to fund continued school extra-curricular activities for students.
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

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 $ 24.00

Event Description: Oakland A's Game

Date(s) 05 / 27 / 19

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

If no: ____________________________

If yes: ____________________________

Name of Source

Official's Name (Last, First)

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

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

<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></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>Alameda County DSA (crab feed fundraiser) 6889 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 read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

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

Comment: **What proceeds go to Charities in the Alameda County / Bay Area Region**
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 Finals Watch Party
Face Value of Each Ticket/Pass $ 25.00
Date(s) 05 / 30 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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

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

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

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

Leah Doyle-Stevens
Ticket Administrator
6/6/2019

Comment:

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

**1. Agency Name**
Alameda County

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

Board of Supervisors

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

**Area Code/Phone Number**
(510) 272-6692

**E-mail**
Gabriela.Christy@acgov.org

**Date of Original Filing:**

---

**2. Function or Event Information**

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

**Event Description**
Oakland A's vs. Cincinnati Reds

**Provide Title/Explanation**

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

**If no:**
Oakland Athletics

**Name of Source**

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

**If yes:**
Valle, Richard- Supervisor District 2

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

---

**3. Recipients**

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ]  Other [ ]  Income [ ]</td>
</tr>
</tbody>
</table>

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

* Income [ ]

<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>ALCO Human Relations Commission 2000 San Pablo Avenue</td>
<td>10 [X]</td>
<td>The mission of the Alameda County Human Relations Commission is to preserve human rights and work to foster mutual respect for all people who live or work in Alameda County.</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.

---

**Signature:**

---

**Print Name:**

---

**Title:**

---

**Date:**

---

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

**A Public Document**

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>California Form 802</th>
</tr>
</thead>
</table>

### 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
- **Face Value of Each Ticket/Pass:** $80
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description:** Warriors Playoffs
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
- **Date(s):** 05 / 08 / 19
- **Name of Source:** Golden State Warriors
- **Official’s Name (Last, First):** Valle, Richard - Supervisor District 2

### 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**

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

- **B. Name of Individual**
  - **Name of Individual (Last, First):** Burnett, Cindy
  - **Number of Ticket(s)/Pass(es):** 2
  - **To reward a community volunteer for his or her service to the public**

- **Name of Individual**
  - **Name of Individual (Last, First):** Hill, Mallory
  - **Number of Ticket(s)/Pass(es):** 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**

<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
- **FPPC Form 802 (4/12)**
- **FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)**
- **I have verified that the distribution set forth above, is in accordance with the requirements.**
- **Gabriela Christy**
  - **Print Name**
  - **Supervisor’s Assistant**
  - **Title**
  - **Date:** 02/21/19

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 A's vs. Cincinnati Red
   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 $ 17
   Date(s) 05/09/19
   If no: Oakland Athletics
   If yes: 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>
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</thead>
<tbody>
<tr>
<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)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Hayward Citywide Clean-up Weekes Park April 27</td>
<td></td>
</tr>
<tr>
<td>The Annual Citywide Clean-Up is a litter pick-up event hosted at Weekes Park.</td>
<td></td>
</tr>
</tbody>
</table>

   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐
   To reward a school or nonprofit organization for its contributions to the community
   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
   Post Name ___________________________ (Month, Day, Year) 5/29/19

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Oakland Athletics vs. Cleveland Indians
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If yes: Vallee, Richard: Supervisor District 2
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Name of Source

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

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

C. Name of Outside Organization
(include address and description)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐

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

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

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

Date Signature

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**

---

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

---

**2. Function or Event Information**

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

**Event Description**
Oakland A's vs. Cleveland Indians

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**

---

**Date(s)**
05 / 10 / 19
05 / 11 / 19

---

**Name of Source**
Oakland Athletics

**Official's Name (Last, First)**
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>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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</table>

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>To reward a school or nonprofit organization for its contributions to the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Hayward Citywide Clean-up Weekes Park April 27</td>
<td></td>
<td>Volunteers come together to collect litter and abandoned debris in various neighborhoods throughout the City.</td>
</tr>
</tbody>
</table>

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

---

**Signature**
Gabriela Christy  

---

**Date**
5/29/17  

---

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

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

2. Function or Event Information  
Does the agency have a ticket policy?  Yes ☑ No ☐  
Face Value of Each Ticket/Pass $  ☐  
Event Description: Pentatonia  
Provide Title/Explanation:  
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑  
If no: Golden State Warriors  
If yes: Valle, Richard - Supervisor District 2  
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.

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:

C. Name of Outside Organization (Include address and description)  Number of Ticket(s)/Pass(es)  
La Familia Counseling Service 26081 Mocine Ave, Hayward, CA 94544  
La Familia has a 40 year history of providing high-quality mental health and community support services in the San Francisco Bay Area. We started as part of a grassroots movement and our ties to the community

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

Gabriela Christy  
Print Name  
Supervisor’s Assistant  
Title  
Date (Month, Day, Year):  3/29/17

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

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

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

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 $ 24
Event Description Oakland A's vs. Cleveland Indians
Provide Title/Explanation

Date(s) 05/12/19

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland Athletics
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

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

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

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

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

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

C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es)

City of Hayward Citywide Clean-up Weekes Park April 27

The Annual Citywide Clean-Up is a litter pick-up event hosted at Weekes Park. Volunteers come together to collect litter and abandoned debris in various neighborhoods throughout the City.

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

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

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Warriors Playoffs
   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 $ 804.00
   Date(s) 05 / 14 / 19

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

   A. Name of Agency, Department or Unit
      General Service Agency - Motorpool

   B. Name of Individual
      Garcia, Al
      Number of Ticket(s)/Pass(es) 4 / 1
      Identify one of the following:
      Income ☐
      To reward a County employee for his/her exemplary service to the public or to encourage staff development

   C. Name of Outside Organization
      (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
   □ 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: Warriors Playoffs
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 304.00
   Date(s) 05 / 16 / 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
   Alameda County Sheriffs Office

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   Ellison, Felix 4 To reward a County employee for his or her exemplary service to the public or to encourage staff development

   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
   Signee 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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Event Description: Carrie Underwood
   - Face Value of Each Ticket/Pass: $250
   - Date(s): 05/16/19
   - If yes: Golden State Warriors
   - Name of Source: Valle, Richard- Supervisor District 2
   - Official's Name (Last, First): 

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

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

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

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

4. **Verification**
   - I have read and understood §8944.1 and §8942. I have verified that the distribution set forth above, is in accordance with the requirements.

   /Gabriela Christy /
   - Supervisor's Assistant
   - Title

   Date: 05/29/17

Comment: 

---

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

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

1. Agency Name
   Alameda County

   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Oakland Athletics vs. Seattle Mariners
   Face Value of Each Ticket/Pass $27
   Date(s): 05/24/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source: Valle, Richard - Supervisor District 2
   If yes: Valle, Richard - Supervisor District 2
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | To reward a school or nonprofit organization for its contributions to the community
       Newark Little League PO Box 62
       Newark, California 94560
       We accept all players without consideration of prior experience or talent
       Familiarize young players with the fundamentals of baseball and in doing so firmly implant the ideals of good sportsmanship, ho

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
   (510) 272-6692 | (Month, Day, Year)

Comment: __________________________________________________________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Oakland A's vs. Seattle Mariners
   Date(s) 05 / 25 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>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>Sunol 4-H PO Box 397 Sunol, Ca</td>
<td></td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>4-H, the largest youth development organization in the nation, helps young people to reach their full potential as competent, confident, leaders of character who contribute and are connected to their co</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC regulations 18944.1 and 18642. 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

### 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 $ 45/20

**Event Description:** Oakland Athletics vs. Seattle Mariners

**Date(s):** 05/26/19

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

If no: **Oakland Athletics**

**Name of Source**

If yes: **Valle, Richard- Supervisor District 2**

**Official’s Name (Last, First)**

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

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

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

#### B. Name of Individual

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

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>To reward a school or nonprofit organization for its contributions to the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic Community Affairs Council P.O. Box 3151 Hayward, Ca</td>
<td>18/3</td>
<td></td>
</tr>
<tr>
<td>Our Mission is to promote the value of education, cultural diversity, and community involvement.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

( )

Gabriela Christy

Supervisor’s Assistant

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 | E-mail
(510) 272-6692 | Gabriela.Christy@acgov.org

Date Stamp
California Form 802
(A Public Document)
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 X
Face Value of Each Ticket/Pass $
09-17

Event Description
Oakland Athletics vs. LA Angels

Provide Title/Explanation

Date(s) 05/27/19 05/28/19

Ticket(s)/Pass(es) provided by agency? Yes □ No X
If no: Oakland Athletics
Name of Source

Was ticket distribution made at the behest of agency official? No □ Yes X
If yes: Valle, Richard - Supervisor District 2
Official’s Name (Last, First)

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

<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></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>To reward a school or nonprofit organization for its contributions to the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Cancer Society 250 Williams Street NW</td>
<td>□</td>
<td>18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.</td>
</tr>
<tr>
<td>The American Cancer Society is headquartered in Atlanta, Georgia, and</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>has more than 350 offices nationwide. For tax purposes, please use the business address and tax ID listed below. To mail a donation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Comment: Relay for Life event in Newark, Ca

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 $ 1
   Event Description Oakland Athletics vs. LA Angels
   Date(s) 05 / 29 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   If yes: Valle, Richard- Supervisor District 2
   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.

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

   | C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | To reward a school or nonprofit organization for its contributions to the community |
   |===================================================================|-----------------------------|----------------------------------------------------------------------------------|
   | American Cancer Society 250 Williams Street NW                    | 2                          |                                                                                 |
   | The American Cancer Society is headquartered in Atlanta, Georgia, and has more than 350 offices nationwide. For tax purposes, please use the business address and tax ID listed below. To mail a donation |

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)
   Relay for Life event in Newark, Ca

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

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

2. Function or Event Information

| Does the agency have a ticket policy? | Yes ☒ No ☐ | Face Value of Each Ticket/Pass | $ 17 |
| Event Description | Oakland Athletics vs. Houston Astros | Date(s) | 05/31/19 |
| 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

<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</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last, First</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a school or nonprofit organization for its contributions to the agency's policy</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></th>
</tr>
</thead>
</table>
| Newark Little League PO Box 62 
Newark, California 94560 |                             | We accept all players without consideration of prior experience or talent |

<table>
<thead>
<tr>
<th>D. Comment:</th>
</tr>
</thead>
</table>

4. Verification

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

Gabriela Christy  
Supervisor's Assistant

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

1. Agency Name
   Alameda County

Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Sarah Oddie

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

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 ☑
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

   Face Value of Each Ticket/Pass: $17
   Date(s): 05/07/19

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:
   Ceremonial Role ☐ Other ☐ Income ☐
   To reward a community volunteer for his or her service to the public
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and 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
   06.03.2019

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)
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 A's vs. Cincinnati Reds

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 $ 17

Date(s) 05 / 07 / 19 05 / 08 / 19

If no: Oakland Athletics
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit

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

B. Name of Individual

<table>
<thead>
<tr>
<th>Last, First</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Munoz, Angelo</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunol 4-H PO Box 397, Sunol , Ca</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>4-H, the largest youth development organization in the nation, helps young people to reach their full potential as competent, confident, leaders of character who contribute and are connected to their co</td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

I have read and understand FPPC Regulations 1994.1 and 1994.2. I have verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy Supervisor's Assistant

Comment:

Date Stamp: 05/29/19
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 $ 17
   Event Description Baseball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)
   Date(s) 05 / 08 / 19

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

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

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

   **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
   Satellite Affordable Housing Associates, 1835 Alcatraz Ave, Berkeley 94703 2
   To reward a school or nonprofit organization for its contributions to the community
   Non-profit housing developer

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
   06.03.2019
   (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

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

**2. Function or Event Information**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☒ No ☐</th>
</tr>
</thead>
</table>

**Event Description**
Basketball Game

**Date(s)**
05 08 19

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

<table>
<thead>
<tr>
<th>Yes ☐ No ☒</th>
</tr>
</thead>
</table>

**Was ticket distribution made at the behest of agency official?**

<table>
<thead>
<tr>
<th>No ☐ Yes ☒</th>
</tr>
</thead>
</table>

**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>
<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>Brekke-Miesner, Lukas</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td>Brown, Maddie</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
</tbody>
</table>

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

**4. Verification**

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

Sarah Oddie
Supervisor’s Assistant
06.03.2019

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 [X] No [ ]
   Event Description [Baseball game]
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   Face Value of Each Ticket/Pass $ [ ]
   Date(s) [05/09/19]
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      San Leandro Senior Center, 13909 E 14th St, San Leandro, CA 94578
      18+3p
      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.

   [Signature]
   Sarah Oddie
   Supervisor's Assistant
   [Title]
   06.03.2019
   (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 $17
   Event Description: Baseball game
   Date(s): 05 / 09 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

   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, {designee}, have verified that the information set forth above, is in accordance with the requirements.
   Sarah Oddie  Supervisor's Assistant  06.03.2019
   (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 ☐
   Face Value of Each Ticket/Pass $17
   Event Description Baseball game
   Date(s) 05/10/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance...event held at a County facility...maximize potential County revenue...concession 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)/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
   06.03.2019
   (Month, Day, Year)
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Sarah Oddie

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

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

Event Description Baseball game

Face Value of Each Ticket/Pass $45 ticket/$20 park

Date(s) 05/10/19

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

If no: Oakland A's

Name of Source

If yes: Chan, Wilma

Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit

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

B. Name of Individual

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

Boskovich, Benjamin

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

4. Verification

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

Sarah Oddie Supervisor’s Assistant 06.03.2019

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 E-mail
(510) 272-6693 sarah.oddie@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ __________ $27
Event Description Baseball game
Date(s) 05/11/19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A’s
If yes: Chan, Wilma

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:
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
Deputy Sheriff’s Activities League, 16335 E 14th St, San Leandro, CA 94578 2 To reward a school or nonprofit organization for its contributions to the community
Sports and recreation league in unincorporated Alameda County

4. Verification
I have affid and understand FPPC Regulations 18544.1 and 18642. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature: ________________________________ Date: 06.03.2019
Sarah Oddie Supervisor's Assistant
Print Name: ________________________________ Title: ________________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $60
   Event Description: Pentatonix: The World Tour
   Provide Title/Explanation
   Date(s) 05/11/19
   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:
   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
   Girls Inc. of the Island City, 1724 Santa Clara Ave, Alameda, CA 94501 4  To reward a school or nonprofit organization for its contributions to the community
   Youth services organization in Alameda

4. Verification
   I, Sarah Oddie  Supervisor's Assistant  06.03.2019
   I have verified that the distribution set forth above, is in accordance with the requirements.

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

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

   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $24
   Date(s) 05 / 12 / 19
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A’s
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

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

   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
   Satellite Affordable Housing Associates, 1835 Alcatraz Ave, Berkeley 94703 2 To reward a school or nonprofit organization for its contributions to the community
   Non-profit housing developer

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 Signature
   Supervisor’s Assistant Signature
   06.03.2019 Date
   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
   Face Value of Each Ticket/Pass $312.50 ticket/$30 park
   Date(s): 05/14/19
   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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tague, Ron</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking 'Ceremonial Role' or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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)/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
   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
   06.03.2019
   (Month, Day, Year)

   Comment: 

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Sarah Oddie

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

Date Stamp
California Form 802
For Official Use Only

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

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

Event Description Basketball Game
Face Value of Each Ticket/Pass $312.50 ticket/$30 park

Date(s) 05 / 14 / 19

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

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

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

<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>Tague, Ron</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

<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 06.03.2019

Ignee Print Name Title (Month, Day, Year)

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

1. **Agency Name**
   - Alameda County

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description** Basketball Game
   - **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)** 05 / 14 / 19
   - **If no:** Golden State Warriors
     - **Name of Source:**
   - **If yes:** Chan, Wilma
     - **Official’s Name (Last, First):**

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

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

   **B. Name of Individual**
   - **(Last, First):** Elliott, Laura
   - **Number of Ticket(s)/Pass(es):** 2+1
   - **Ceremonial Role** ☐ Other ☐ Income ☐
   - **Ceremonial Role Description:** To promote attendance at an event held at a County facility in order to maximize potential County revenue...
   - **Ceremonial Role** ☐ Other ☐ Income ☐
   - **Ceremonial Role 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**
   - 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:** 06.03.2019
   - **Part Name:**
   - **Title:**
   - **Month, Day, Year:**

   **Comment:**

---

FPPC Form 802 (4/12)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Basketball Game
Face Value of Each Ticket/Pass $312.50 ticket/$30 park
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 05 / 16 / 19
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official’s Name (Last, First)

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

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

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

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

4. Verification
I have read the regulations 19944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie Supervisor’s Assistant 06.03.2019
Print Name Title (Month, Day, Year)

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

2. Function or Event Information
- Does the agency have a ticket policy? Yes ☒ No ☐
- Event Description: Basketball Game
- Face Value of Each Ticket/Pass: $312.50 ticket/$30 park
- Date(s): 05/16/19
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- If no: Golden State Warriors
  Name of Source: Chan, Wilma
  Official’s Name (Last, First):
- 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...
  Ceremonial Role ☐ Other ☐ Income ☐
  If checking “Ceremonial Role” or “Other” describe below:

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

4. Verification
I have read and understood Penal Code sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Sarah Oddie
Print Name: ____________________________
Supervisor’s Assistant: ____________________________
Title: ____________________________
Date: 06.03.2019 (Month, Day, Year)
Comment: ____________________________
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Sarah Oddie

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No □
Face Value of Each Ticket/Pass $27
Event Description   Baseball game
Provide Title/Explanation
Date(s) 05 / 24 / 19
Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

<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>McCue, Susan</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

Sarah Oddie   Supervisor's Assistant
Print Name   Title
06.03.2019 (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
- **Provide Ticket/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.

<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>Elliott, Laura</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
</tbody>
</table>

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

#### 4. Verification
- I have verified that the distribution set forth above, is in accordance with the requirements.
- **Sarah Oddie**
- **Supervisor’s Assistant**
- **Date:** 06.03.2019

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

**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 $**  
$45 tix/$20 park

**Event Description**  
Baseball game

**Provide Title/Explanation**

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

**Date(s)**  
05 / 25 / 19

**If no:**  
Oakland A’s

**Name of Source**

**If yes:**  
Chan, Wilma

**Official’s Name (Last, First)**

### 3. Recipients

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

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

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

**B. Name of Individual**

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

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

<table>
<thead>
<tr>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trybe, 2000 Park Blvd, Oakland, CA 94606</td>
<td>6tix+1p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community building organization in Oakland</th>
</tr>
</thead>
</table>

**4. Verification**

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

Sarah Oddie  
Print Name

Supervisor’s Assistant  
Title

06.03.2019  
(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  
A Public Document

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 $  
$45 tix/$20 park

Event Description  
Baseball game

Date(s)  
05 / 25 / 19

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)

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

3. Recipients

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

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

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

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

<table>
<thead>
<tr>
<th>C.</th>
<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>Haight Elementary School PTA, 2025 Santa Clara Ave, Alameda, CA 94501</td>
<td>6tix+1p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

4. Verification

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

Sarah Oddie  
Supervisor's Assistant  
06.03.2019

(Please print name)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $24
   Event Description Baseball game
   Date(s) 05 / 26 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   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.

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To reward a community volunteer for his or her service to the public
      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.
   Sarah Oddie Supervisor's Assistant 06.03.2019
   (Last, First) (First, Last) (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

<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 ☐
- Event Description: Baseball game
- Face Value of Each Ticket/Pass $24
- Date(s) 05/27/19
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
- If no: Oakland A's
- Name of Source
- If yes: Chan, Wilma
- Official’s Name (Last, First)
- 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

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murphy, Eric</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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

### 4. Verification
- I, Sarah Oddie, Supervisor’s Assistant, certify under penalty of perjury under the laws 18944.1 and 19942, I have verified that the distribution set forth above, is in accordance with the requirements:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Oddie</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comment: 

- 06.03.2019 (Month, Day, Year)

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

1. Agency Name
Alameda County

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

Date Stamp
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) 05/28/19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

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

Koiles, Sheldon | 2 | Ceremonial Role ☐ Other ☐ Income ☐
To reward a community volunteer for his or her service to the public

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

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

[Signature]

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Event Description Baseball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $27
   Date(s) 05/29/19
   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):
      · 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
      Lakeside Senior Apartments, 1507 2nd Ave, Oakland, CA 94606
      2
      To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I hereby certify that the information set forth above is in accordance with the requirements.
   Sarah Oddie Supervisor's Assistant 06.03.2019
   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 $25
   - Event Description Basketball Game
   - Provide Title/Explanation
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - Date(s) 05 / 30 / 19
   - Name of Source: Golden State Warriors
   - If no: 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 ☐
      - To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...

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

4. **Verification**
   - I have read and understand Form 802. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Sarah Oddie
   - Supervisor's Assistant
   - 06.03.2019

   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 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 $17

Event Description Baseball game
Provide Title/Explanation

Date(s) 05/31/19

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

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

<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>
</table>

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

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

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

Sarah Oddie Supervisor's Assistant 06.03.2019
Print Name Title (Month, Day, Year)

Comment: ____________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $45 tix/$20 park
   Date(s) 05 / 31 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   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:
      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
      St. Joseph Notre Dame High School, 1011 Chestnut St, Alameda, CA 94501 6tix+1p To reward a school or nonprofit organization for its contributions to the community
      High school in Alameda

4. Verification
   I have 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
   06.03.2019
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □ Face Value of Each Ticket/Pass $ $45 tic/$20 park
   Event Description Baseball game Date(s) 05 / 31 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Oakland A's
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑ If yes: Chan, Wiima

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

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

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

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      San Leandro Boys and Girls Club, 401 Marina Blvd, San Leandro, CA 94577 6tic+1p To reward a school or nonprofit organization for its contributions to the community
      Recreational non-profit for youth in San Leandro

4. Verification
   I have read and understand California Government Code 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 06.03.2019
   Supervisor's 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 $45 tix/$20 park
   Event Description Baseball game
   Date(s) 05/31/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakland A’s
   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.

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

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

   **C.** Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Asian Health Services 101 8th St, Oakland, CA 94607 6tix+1p To reward a school or nonprofit organization for its contributions to the community
      Medical clinic non-profit in Oakland

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 06.03.2019
   (Name, Title) (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, Fourth District
Designated Agency Contact (Name, Title)
Nathan Miley, Supervisor, Fourth District
Area Code/Phone Number (510) 272-6694
E-mail district4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ ___.00
Event Description: Golden State Warriors
Date(s) 5 / 8 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: GACCA
If yes: Miley, Nathan
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stewart, Darryl</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit... to reward a county employee for his or her service to public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></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
5/1/19

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

1. Agency Name
   Alameda County
   Board of Supervisors, Fourth District
   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) 5 / 14 / 19
   If no: OACCA
   Name of Source
   If yes: Miley, Nathan
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Priem, Curtis</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit...</td>
</tr>
</tbody>
</table>

   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
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</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
   6/1/19
   (month, day, year)
   Comment:

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

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

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☑ No ☐  
Face Value of Each Ticket/Pass $ 304.80  
Event Description: Golden State Warriors  
Provide Title/Explanation  
Date(s)  5 / 16 / 19  
Ticket(s)/Pass(es) provided by agency?  
Yes ☑ No ☐  
If no: OACCA  
Name of Source  
If yes: Miley, Nathan  
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>

| 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... |
|-------------------------------------|-----------------------------|-----------------------------------------------------------------|
| Priem, Curtis                       | 4                           | Ceremonial Role ☐ Other ☐ Income ☐  
If checking “Ceremonial Role” or “Other” describe below: |
|                                      |                             |                                                                 |

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
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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  
6/1/19 (month, day, year)  

Comment:  

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $304.80
   Event Description: Golden State Warriors
   Date(s) 12/5/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: OACCA
   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>
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<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</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>Priem, Curtis</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To increase attendance... maximize profit...</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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</tbody>
</table>

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

   Nathan Miley
   Supervisor, Fourth District
   6/1/19 (month, day, year)

   Comment: 

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 Baseball game
   Face Value of Each Ticket/Pass $ 17.00
   Date(s) 05 / 07 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland Athletics Baseball
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: __________________________
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I, Briana Brown, Supervisor's Assistant
   Designee Print Name Title
   California Code Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements:
   05/30/19
   (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)
   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 $ 17.00
   Event Description: Baseball game
   Date(s): 05/09/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics Baseball
   Name of Source

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

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

4. Verification
   I have verified and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor's Assistant
   or Designee
   Post Name
   Title
   05/30/19

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

## 1. Agency Name
- Alameda County
- Board of Supervisors
- Designated Agency Contact (Name, Title) 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** Baseball game
- **Face Value of Each Ticket/Pass** $27.00
- **Date(s)** 05/11/19
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **Official’s Name (Last, First)**
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒

## 3. Recipients

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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></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>Mike Connor</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue</td>
</tr>
</tbody>
</table>

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

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

**Signature** Briana Brown  **Print Name**

**Supervisor’s Assistant**  
**Title**  
**Date** 05/30/19  
(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)
Briana Brown
Area Code/Phone Number E-mail
(510) 272-6618 briana.brown2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Warriors vs. Trailblazers
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

Face Value of Each Ticket/Pass $312.50
Date(s) 05/14/19

If no: Golden State Warriors
Name of Source
If yes: Official's Name (Last, First)

3. Recipients
A. (Name of Agency, Department or Unit) Number of Ticket(s)/Pass(es)
   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. 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, Supervisor's Assistant
 certify that the distribution set forth above, is in accordance with the requirements

Comment: Parking Pass: $30.00

5/30/19
(Month, Day, Year)
**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   Alameda County

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

   **Designated Agency Contact (Name, Title)**
   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. Trailblazers
   **Face Value of Each Ticket/Pass $** 312.50
   **Date(s) 05 / 16 / 19**
   **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   **If no: Golden State Warriors**
   **Name of Source**
   **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
   **If yes:**
   **Official's Name (Last, First)**

3. **Recipients**

   **A.**
   **Name of Agency, Department or Unit**
   D5
   **Number of Ticket(s)/Pass(es)**
   4
   **Describe the public purpose made pursuant to the agency's policy**
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

   **B.**
   **Name of Outside Organization (include address and description)**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   - Ceremonial Role ☐ Other ☐ Income ☐
   - Ceremonial Role ☐ Other ☐ Income ☐

4. **Verification**
   I have read and understood PCRA Regulations 18941.1 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**

   **Comment:** Parking Pass: $30.00

   **5/30/19**

   **FPPC Toll-Free Helpline:** 855/ASK-FPPC (855/275-7772)
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 ☑ No ☐

Event Description Baseball game

Face Value of Each Ticket/Pass $ 24.00

Date(s) 05 / 26 / 19

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

If no: Oakland Athletics Baseball

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

3. Recipients

A. National 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)
Rodney Brooks
Number of Ticket(s)/Pass(es) 2
Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

If checking "Ceremonial Role" or "Other" describe below:
To reward a County employee for his exemplary service to the public or encourage staff development

Ceremonial Role ☐ Other ☐ Income ☐

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

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

4. Verification
I have read and understood FPPC Regulations 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

Date 05/26/19 (Month, Day, Year)

Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Baseball game
   Date(s): 05/28/19
   Face Value of Each Ticket/Pass: $17.00
   Ticket(s)/Pass(es) provided by agency?: Yes ☐ No ☒
   If no: Oakland Athletics Baseball
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Official’s Name (Last, First)

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

   A. Number of Ticket(s)/Pass(es)
      Description: 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)
      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)
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

4. Verification
   I have read and understand FPPC Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor’s Assistant
   Print Name
   Title
   Date: 05/30/19

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)
   briiana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Event Description: Baseball game
   Date(s) 05 / 31 / 19
   Face Value of Each Ticket/Pass $ 17.00
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No □
   If no: Oakland Athletics Baseball
   Name of Source
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☑

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

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

   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.

   Briiana Brown
   Supervisor’s Assistant
   05/30/19 (Month, Day, Year)

Comment: