**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

**Function or Event Information**
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Warriors Finals Game 3
Face Value of Each Ticket/Pass $312.50
Date(s) 06/05/19
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no:__________________________
If yes: Scott Haggerty
Name of Source ____________________________
Officer’s Name (Last, First) ____________________________

**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>Nice, Steven</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County DA Office</td>
<td>2</td>
<td>To reward a county employee for his or her exemplary service to the public.</td>
</tr>
</tbody>
</table>

**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
Print Name
Title
6/6/2019
(month, day, year)

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

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

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 312.50
Event Description: Warriors Finals Game 4
Date(s) 06 / 07 / 19
Ticket(s)/Pass(es) provided by agency?  Yes ☒ No ☐
If no: __________________________
Name of Source __________________________
If yes: Scott Haggerty
Official's Name (Last, First) __________________________
Was ticket distribution made at the behest of agency official?  Yes ☒ No ☐

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tbody>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dosanjh, Jessi</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. ☐</td>
</tr>
</tbody>
</table>

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

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

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

Comment: __________________________

FFPC 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 Finals Game
Date(s) 06 / 13 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no:
Name of Source
If yes:
Name of Source
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Board of Supervisors, District 1</td>
<td>4</td>
<td>To reward a county employee for his or her exemplary service to the public.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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 understood §§18944.1 and 18942. I have verified that the distribution set forth above, is in accordance
with the rules.

Signature of Agency Head of Designee
Leah Doyle-Stevens
Ticket Administrator
07/02/19 (month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 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) 06 / 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)/</th>
<th>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. Name of Individual</th>
<th>Number of Ticket(s)/</th>
<th>Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/</th>
<th>Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin Sister City Association (Green&amp;White Gala) P.O. Box 2534, Dublin, CA 94568</td>
<td>4</td>
<td></td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with
   Signature of Agency Official or Designee
   Leah Doyle-Stevens
   Print Name
   Ticket Administrator
   Title
   6/6/2019 (month, day, year)

   Comment: Tickets used as part of a raffle to promote community, Irish history, culture & relations w/ Irish sister city-Bray
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)
Vener Bates, Supervisor’s Assistant
Area Code/Phone Number
510-272-6691
E-mail
vener.bates@acgov.org;

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 $ 15.00
Event Description: Alameda County Fair
Date(s) 6/14/19
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>Alameda County General Services Agency</td>
<td>85</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development.</td>
</tr>
<tr>
<td>Tri-Valley Substation Sheriff's Office</td>
<td>40</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development.</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>Mel Luna</td>
<td>20</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td>Wanda Thompson</td>
<td>12</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>School of Imagination, 9801 Dublin Blvd., Dublin, CA 94568</td>
<td>20</td>
<td>To reward a school or non-profit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

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

Vener Bates
Print Name
Supervisor’s Assistant
Title
July 25, 2019
(month, day, year)

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

**Continuation Sheet**

**Agency Name**
Alameda County

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Assessor's Office</td>
<td>35</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development.</td>
</tr>
<tr>
<td>ACDCSS (Child Support Services)</td>
<td>21</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development.</td>
</tr>
<tr>
<td>Social Services Agency</td>
<td>10</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development.</td>
</tr>
<tr>
<td>Health Care Services Agency</td>
<td>6</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development.</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>Bob Tuckott</td>
<td>10</td>
<td>Ceremonial Role [ ] Other [x] 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>Gloria Olson</td>
<td>10</td>
<td>Ceremonial Role [ ] Other [x] 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>Nat Piazza</td>
<td>10</td>
<td>Ceremonial Role [ ] Other [x] 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>Guy Houston</td>
<td>8</td>
<td>Ceremonial Role [ ] Other [x] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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</tr>
</thead>
</table>
# Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

## 1. Agency Name
- **Division, Department, or Region (if applicable):** Board of Supervisors
- **Designated Agency Contact (Name, Title):** Vener Bates, Supervisor's Assistant
- **Area Code/Phone Number:** 510-272-6691
- **E-mail:** vener.bates@acgov.org

## 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass:** $15.00
- **Event Description:** Alameda County Fair
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Date(s):** 6 / 14 / 19
- **If no: Name of Source:** Alameda County Fair Association
- **If yes: Name of Source:** Supervisor 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>
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<tr>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramsey Ismael</td>
<td>3</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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</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: [ ]

- **Vener Bates**
- **Supervisor's Assistant**
- **Print Name**
- **Title**
- **Date:** July 25, 2019

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

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<thead>
<tr>
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<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Koppel</td>
<td>8</td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue.</td>
</tr>
<tr>
<td>Dawn Argula</td>
<td>5</td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue.</td>
</tr>
<tr>
<td>Arturo Del Rio</td>
<td>4</td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue.</td>
</tr>
<tr>
<td>William Martinez</td>
<td>6</td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue.</td>
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<thead>
<tr>
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<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livermore Chamber of Commerce, 2157 1st street, Livermore, CA 94550</td>
<td>8</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors, 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 $ 24.00
Event Description: Oakland A's Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Date(s) 06 / 15 / 19
If no: ________________________________________
Name of Source
If yes: Scott Haggerty
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<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>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Cancer Society (11th Annual Flying Pigs Charity Golf Tournament- Hayward)</td>
<td>4</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
<tr>
<td>1401 Golf Course Road, Hayward, CA 94541 Tax ID: 13-1768491</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Signature of Agency
Designee

Comment: All proceeds from auction items go toward Relay for Life funds benefiting the American Cancer Society.
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 $17.00
   Event Description: Oakland A’s Game
   Date(s) 06/17/19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: __________________________
   Name of Source
   Haggerty, Scott
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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

   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 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)/ Passes
   Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I, a current and authorized officer of the agency, in accordance with sections 18944.1 and 18942, have verified that the distribution set forth above, is in accordance with the agency’s policy.
   __________________________
   Signature of Agency Head
   Leah Doyle-Stevens
   Print Name
   Ticket Administrator
   Title
   07/02/19 (month, day, year)

Comment: __________________________

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

1. Agency Name
- Alameda County

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

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

Area Code/Phone Number
- 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 $1,500
- Event Description: Oakland A's Game
- Date(s) 06/18/19
- Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
- If no: Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Haggerty, Scott

3. Recipients

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

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

C. Name of Outside Organization
   (include address and description)
   Number of Ticket(s)/Passes
   Describe the public purpose made pursuant to the agency’s policy
   - Alameda County Firefighters Association
     369 15th Street, Oakland, CA 94612
     1 Suite

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

C

Leah Doyle-Stevens

Ticket Administrator

07/02/19

Comment:

FFPC 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

   □ 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 $ 17.00
   Event Description: Oakland A's Game
   Date(s) 06/18/19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: ________________________________
   Name of Source
   If yes: Haggerty, Scott
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      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)/Passes
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with these regulations.
   (Signature of Agency Head or Designee)
   Leah Doyle-Stevens
   Ticket Administrator
   07/02/19
   (Print Name)
   (Title)
   (month, day, year)
   Comment: ________________________________

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

1. Agency Name
   Alameda County
   Board of Supervisors, 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 $100.00
   Event Description: Pepe Aguilar Concert
   Date(s) 06 / 22 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Name of Source
   If no: ___________________________
   If yes: Haggerty, Scott
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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

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

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

   **C.**
<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livermore Chamber of Commerce 2157 First St., Livermore, CA 94550</td>
<td>4</td>
<td>To reward a Community volunteer for his or her service to the public.</td>
</tr>
</tbody>
</table>

4. Verification
   I hereby certify under penalty of perjury under the laws of 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the law.
   Signature of Agency Head or Designee: ___________________________
   Signature of Agency Head or Designee: Leah Doyle-Stevens
   Print Name: Ticket Administrator: ___________________________
   Title: 07/02/19 (month, day, year)

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

1. Agency Name
Oakland-Alameda County Coliseum Authority
Division, Department, or Region (if applicable)
OACCA Commissioner
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 $ 1,500
Event Description: Oakland A's Game
Date(s) 06 / 22 / 19
Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
If no: __________________________
If yes: __________________________
Name of Source
Haggerty, Scott
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A.</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>B.</td>
<td>Name of Individual (Last, First)</td>
<td>Number of Ticket(s)/Passes</td>
<td>Identify one of the following:</td>
</tr>
<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>
<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>
<tr>
<td>C.</td>
<td>Name of Outside Organization (include address and description)</td>
<td>Number of Ticket(s)/Passes</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td></td>
<td>Dublin Chamber of Commerce 7080 Donlon Way #110, Dublin, CA 94568</td>
<td>1 Suite</td>
<td>TO REWARD A NON-PROFIT ORGANIZATION FOR THEIR SERVICE TO THE COMMUNITY.</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Leah Doyle-Stevens

Ticket Administrator
07/02/19 (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, District 1 
Designated Agency Contact (Name, Title)  
Leah Doyle-Stevens, Ticket Administrator  
Area Code/Phone Number 510-272-6691  
E-mail Leah.Doyle-Stevens@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐  
   Face Value of Each Ticket/Pass $24.00
   Event Description: Oakland A's Game  
   Provide Title/Explanation
   Date(s) 06 / 23 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐  
   If no:  
   Name of Source
   If yes: Scott Haggerty
   Official's Name (Last, First)

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
      American Cancer Society (11th Annual Flying Pigs Charity Golf Tournament- Hayward)  
      1401 Golf Course Road, Hayward, CA 94541  
      Tax ID: 13-1788491

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

Leah Doyle-Stevens  
Ticket Administrator  
6/6/2019

Comment: All proceeds from auction items go toward Relay for Life funds benefiting the American Cancer Society.
**Agency Name:**
Alameda County

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

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

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

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

---

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Face Value of Each Ticket/Pass:** $100.00
- **Event Description:** Khalid Concert
- **Date(s):** 06 / 28 / 19

**Ticket(s)/Pass(es) provided by agency?**
- Yes ☒ No ☐
- **Name of Source:** Haggerty, Scott

**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)/Passees</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)/Passees</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amezucua, Alina</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>
<td></td>
</tr>
</tbody>
</table>

**C.**

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

---

**4. Verification**

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

**Authorizing Agency Head or Designee:**
Leah Doyle-Stevens

**Print Name:**
Ticket Administrator

**Title:**
07/02/19 (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)
Gabriela Christy

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

Date Stamp

A Public Document California Form 802
For Official Use Only

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 24

Event Description Oakland A's vs. Houston Astros

Provide Title/Explanation

Date(s) 06 / 02 / 19

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

If no: Oakland Athletics

Name of Source

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

If yes: Valle, Richard- Supervisor District 2

Official's Name (Last, First)

3. Recipients

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</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>
</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>League of Women Voters (eden) P.O. Box 2234 Castro Valley, CA 94546</td>
<td>2</td>
</tr>
<tr>
<td>encourages informed and active participation in government, works to increase understanding</td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

I have read and understood FPPC Provisions 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

July 2, 2019

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ 15
   Event Description Alameda County Fair
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County
   Name of Source
   Date(s) 6/14/19
   If yes: Valle, Richard- Supervisor District 2
   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:
      Income ☐
      To reward a community volunteer for his or her service to the public
      Income ☐

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy Supervisors Assistant 8/1/2019
   (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)
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 Alameda County Fair
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 $ 5 | 10
Date(s) 6/14/19
If no: Alameda County
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>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</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greene, Jackie</td>
<td>4/2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

Comment: 

---

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

**1. Agency Name**  
Alameda County

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

**Board of Supervisors**

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

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

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

**Date Stamp**

**California Form 802**  
For Official Use Only

**2. Function or Event Information**

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

- **Face Value of Each Ticket/Pass**  
  $15

- **Event Description**  
  Alameda County Fair

- **Provide Title/Explanation**

- **Date(s)**  
  6 / 14 / 19

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

- **If no: Alameda County**

- **Name of Source**

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

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

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

**3. Recipients**

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSessor's office</strong></td>
<td>412</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lim, Mathew</strong></td>
<td>$</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Gabriela Christy**  
Print Name

**Supervisor's Assistant**  
Print Name

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

Comment: 

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Alameda County Fair
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Face Value of Each Ticket/Pass $ 15/510
Date(s) 6 / 14 / 19
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

Brown, Tyra
4/2
To reward a community volunteer for his or her service to the public

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

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

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

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

1. Agency Name
   Alameda County

   Division, Department, or Region (If Applicable)

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Gabriela Christy

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $ 15.00
   Event Description Alameda County Fair
   Date(s) 6/14/19
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Alameda County
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   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.]
   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
      BOS - DZ 4/2 To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

   Gabriela Christy Supervisors Assistant
   Print Name
   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)
Gabriela Christy

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

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Event Description
Alameda County Fair

Provide Title/Explanation

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

If no: Alameda County

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

Face Value of Each Ticket/Pass $ 15

Date(s) 6 / 14 / 19

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOS - D2</td>
<td>4 / 2</td>
<td>To reward a County employee for his/her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

B. Name of Individual Number of Ticket(s)/Pass(es) Ceremonial Role ☐ Other ☐ Income ☐

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miley, Chris</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Description</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

Print Name Title

(Month, Day, Year) 1/20

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 15 10
Event Description Alameda County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 6 / 14 / 19
If no, Alameda County Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

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

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

Demartini, Andy 4 / 2
To reward a community volunteer for his or her service to the public

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

4. Verification
I hereby certify that this report is true and correct, in accordance with California Government Code sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy Supervisor’s Assistant 8/11/2019
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)
   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 $ 15 $10
   Event Description Alameda County Fair
   Provide Title/Explanation
   Date(s) 6 / 14 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Alameda County
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

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

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy  Supervisor's Assistant
   Signature  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 [x] No [ ]

**Face Value of Each Ticket/Pass $**
- 1510

**Event Description**
- Alameda County Fair

**Provide Title/Explanation**

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

**Date(s)**
- 6 / 14 / 19

**If no: Alameda County**

**Name of Source**

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

**Official’s Name (Last, First)**

### 3. Recipients

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

- **B. Name of Individual (Last, First)**
  - **Number of Ticket(s)/Pass(es)**
  - **Identify one of the following:**
  - *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)**
  - **D. To reward a school or nonprofit organization for its contributions to the community**

- Union City Family Center
  - 725 Whipple Rd., Union City, CA 94587
  - 30

  **Strive to build community by engaging and preparing youth and adults to participate in transforming their communities, so that every child, family, and community member will have at their fingertips high-quality services and opportunities needed in order to thrive.**

### 4. Verification

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

**Gabriela Christy**

**Print Name**

**Supervisor’s Assistant**

**Title**

**Date (Month, Day, Year):**
- 8/11/2015

**Comment:**

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Gabriela Christy
Area Code/Phone Number 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 $15 $10
Event Description Alameda County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 6/14/19
If no: Alameda County
If yes: Valle, Richard- Supervisor District 2
Name of Source Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit Number of Ticket(s)/ 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)
Cypress Mandela 977 68th Ave, Oakland, CA 94621

30
The Cypress Mandela Training Center is a community based organization dedicated to improving the lives of the people it serves by providing pre-apprentice construction and life skills training along with employment assistance.

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

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** Alameda County Fair

**Provide Title/Explanation**

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

**If no:**

**Name of Source** Alameda County

**If yes:**

**Name of Source** Valle, Richard - Supervisor District 2

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

**Face Value of Each Ticket/Pass $** 5 / 10

**Date(s)** 6 / 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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Last, First</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gutierrez, Alia</td>
<td>4 / 2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></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 (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 $ 45/27
Event Description Oakland A's vs. Seattle Mariners
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 06 / 14 / 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.

<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>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riener, Eileen</td>
<td>4</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>League of Women Voters (eden) P.O. Box 2234 Castro Valley, CA 94546</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>encourages informed and active participation in government, works to increase understanding of major public policy issues, and influences public policy through education and advocacy.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Gabriela Christy
Print Name
Supervisor’s Assistant
Title

Date: July 2, 2019
(Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number 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 A's vs. Seattle Mariners
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $______
   Date(s) 06/15/19
   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 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
   cy’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
   Newark American Little League PO Box 62 Newark, California 94562 2 of good sportsmanship, honesty, loyalty, courage and respect.
   Familiarize young players with the fundamentals of baseball and in doing so to instill the ideals

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

Comment: 

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

1. Agency Name  
Alameda County  
Division, Department, or Region (If Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
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 $ 45  
Event Description Oakland A's vs. Seattle Mariners  
Provide Title/Explanation  
Date(s) 06/19/19  
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? Yes ☑️ No ☐  
Official's Name (Last, First)  

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

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

<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  
(Law, Name)  
Number of Ticket(s)/Pass(es)  

<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>
<tbody>
<tr>
<td>Riener, Curtis</td>
<td>3/1</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Austria, Charles</td>
<td>3/1</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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.  

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

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

**Agency Name**
Alameda County

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

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

**B. Name of Individual (last, first)**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria, Carlo</td>
<td>31</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Phillips, JO</td>
<td>3</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>James, Colleen</td>
<td>3</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Garcia, Susie</td>
<td>3</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
**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):** 06/16/19

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

**Face Value of Each Ticket/Pass:** $24

### 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**  
**(Last, First):**

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

**C. Name of Outside Organization**  
**(Include address and description):** League of Women Voters (eden)  
**P.O. Box 2234 Castro Valley, CA 94546**  

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>League of Women Voters (eden)</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

- **encourages informed and active participation in government, works to increase understanding of major public policy issues, and influences public policy through education and advocacy.**

### 4. Verification

I, Gabriela Christy, in my capacity as the Designee for the Agency, have verified that the distribution set forth above, is in accordance with the requirements.

**Date:** July 2, 2019  
**Title:** Supervisors Assistant

**Comment:**

---

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Oakland A's vs. Baltimore Orioles
   Face Value of Each Ticket/Pass $ 14
   Date(s) 06 / 17 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   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>
</tbody>
</table>

<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>La Familia 26081 Mocine Ave, Hayward, CA 94544</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>La Familia provides services throughout Alameda and Contra Costa counties, with a comprehensive selection of programs to meet a variety of mental health and community support needs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature: Gabriela Christy Print Name: Supervising Assistant: Date: July 4, 2019

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## Agency Report of:

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

### 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. Baltimore Orioles  
Provide Title/Explanation  

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

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

Face Value of Each Ticket/Pass $  
Date(s) 06 / 18 / 19  

### 3. Recipients

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

#### 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

La Familia  
La Familia provides services throughout Alameda and Contra Costa counties, with a comprehensive selection of programs to meet a variety of mental health and community support needs.

### 4. Verification

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

---

Gabriela Christy  
Print Name

Supervisor’s Assistant

(Manual, 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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Oakland A's vs. Baltimore Orioles
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es)

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

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es)

   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

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

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

   Sunol 4-H PO Box 397, Sunol, Ca 2

   4-H, the largest youth development organization in the nation, helps young people to reach their full potential as a competent, confident, leaders of character who contribute to 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.

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

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

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

Board of Supervisors
Designated Agency Contact (Name, Title)
Gabriela Christy
Area Code/Phone Number 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 $17,545
Event Description Oakland A's vs. Tampa Bay Rays
Provide Title/Explanations
Date(s) 06 / 20 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Athletic
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
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) Describe the public purpose made pursuant to the agency’s policy
Gutierrez, Freddy 2
To reward a community volunteer for his or her service to the public

Income ☐

C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency’s policy
League of Volunteers, Newark 8440 Central Ave, Newark, CA 94560 18
The Mission of LOV is to promote volunteerism and to enhance the quality of life in the city of Newark, Using Civic
and Newark, California and to meet the needs of youth, senior citizens and those in need.

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

Date
Signature: Gabriela Christy

Supervisor’s Assistant
(Title)

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

July 7, 2019
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 Tampa Bay Rays
Provide Title/Explanation
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 $ 45.20
Date(s) 06/22/19
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.

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>FREMONT SYMPHONY PO Box 104, Fremont, CA 94537,</td>
<td>16/3</td>
<td></td>
</tr>
<tr>
<td>The Fremont Symphony brings live classical music to the San Francisco Bay</td>
<td>Area to enrich the quality of life in the communities it serves</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
or Designee

Supervisor's Assistant
Title

July 2, 2019
(Month, Day, Year)

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

1. **Agency Name**
   - Alameda County
   - Division, Department, or Region (if Applicable)
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - Gabriela Christy

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes** ☑ **No** ☐
   - Event Description: **Oakland A's vs Tampa Bay Rays**
   - Face Value of Each Ticket/Pass $24.50/$20
   - Date(s) **06/23/19**
   - Ticket(s)/Pass(es) provided by agency? **Yes** ☑ **No** ☐
   - Name of Source: **Oakland Athletics**
   - Was ticket distribution made at the behest of agency official? **No** ☐ **Yes** ☑
   - 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.

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

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

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

   **Union City Lions, 34009 Alvarado-Niles Rd, Union City, CA 94587**
   - 18/27
   - men and women who like to work hard and have fun.

4. **Verification**
   - I have read and understand Government Code sections 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Gabriela Christy**
   - Supervisor's Assistant
   - **July 4, 2019** (Month, Day, Year)

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

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

## 2. Function or Event Information
- Does the agency have a ticket policy? Yes ☒ No ☐
- Event Description: Hilcon United USA Tour
- Face Value of Each Ticket/Pass: $100
- Date(s): 06 03 19
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- If no: Golden State Warriors
  - Name of Source
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
  - If yes: Valle, Richard- Supervisor District 2
  - Official's Name (Last, First)

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

### A. Name of Agency, Department or Unit
<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</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>Gilbert, Monetta</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Gardley, Kassendra</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>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.

(Handwritten) Gabriela Christy

(Handwritten) Supervisor's Title

(Handwritten) July 21, 2009

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) 272-8692
E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 100
Event Description Sonu Nigan and Neha Kakkar
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 06 / 15 / 19
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard - Supervisor District 2
Official’s Name (Last, First)
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

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

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

C. Name of Outside Organization (include address and description)
Number of Ticket(s)/Pass(es)
To reward a school or nonprofit organization for its contributions to the community
Afghan Senior Center - Fremont
3300 Capitol Ave, Fremont, CA 94538
4
Works to improve the well-being of Afghan elders in the Bay Area. The AEA accomplishes its mission by providing:

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

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: Pepe Aguilar
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

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

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

Parra, Laura
4
Cerem
If checked:
To reward a community volunteer for his or her service to the public
Income ☐

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

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

Gabriela Christy  Supervisor’s Assistant
Print Name  Title

Comment:

July 2, 2019
(Month, Day, Year)

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. **Agency Name**
   Alameda County
   Division, Department, or Region *(If Applicable)*
   Board of Supervisors
   Designated Agency Contact *(Name, Title)*
   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 $ 0
   Event Description Anuel AA
   Date(s) 06 / 22 / 19
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Vallee, Richard- Supervisor District 2
   Official’s Name *(Last, First)*

3. **Recipients**
   • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.
   **A.**
   Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   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)
   Union City Family Center
   725 Whipple Rd, Union City, CA 94587
   4
   To reward a school or nonprofit organization for its contributions to the community
   Strive to build community by engaging and preparing youth and adults to participate in transforming their communities, so that every child, family, and community member will have at their fingertips high-quality services and opportunities needed in order to thrive

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
   Jul 2, 2019
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $100
   Event Description Khalid
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 06 / 28 / 19
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

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

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Insomniac and Alda
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)
Face Value of Each Ticket/Pass $ __________
Date(s) 06 / 29 / 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:

   | Cer if c | To reward a community volunteer for his or her service to the public
   | Income ☐ |

   | Cer if c | To reward a community volunteer for his or her service to the public
   | Income ☐ |

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

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

( )

Gabriela Christy
Supervisor’s Assistant
Print Name
Title

July 4, 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)
   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 $304.80
   Event Description: Warriors vs. Raptors
   Date(s): 06 / 05 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
   If yes: 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:
      ________________________________ | ____________________________ | ________________________________
      Rector, Warren | 2 | To reward a community volunteer for his or her service to the public
      Cooley, Todd | 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 ....
      ________________________________ | ____________________________ | ________________________________

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
   ___________ / ___________ / ___________
   (Month, Day, Year)

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

1. **Agency Name**
   Alameda County

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

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

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

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

2. **Function or Event Information**
   **Does the agency have a ticket policy?** Yes [x] No [ ]
   **Event Description**
   Warriors vs. Raptors

   **Provide Title/Explanation**

   **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   **Date(s)** 06 / 07 / 19

   **Face Value of Each Ticket/Pass $** 30

   **If 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.

   **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**

   **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:**

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **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>Alameda County Office of Education 313 W Winton Ave, Hayward, CA 94544</td>
<td>1/1</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>mission to provide, promote, and support leadership and service for the success of every child, in every school, every day!</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

   **Title:** Supervisor's Assistant

   **Date:** JULY 21, 2019

   **Comment:**

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

   Form 802
   California
   For Official Use Only

   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: __/___/2019

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $25
   Event Description Warriors vs. Raptors watch party
   Provide Title/Description
   Date(s) 06/10/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

<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>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, John</td>
<td>4</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</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>
</table>

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

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

   Comment: ____________________________
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 $304.80 ☒  
Event Description Warriors vs. Raptors  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  
Date(s) 06/13/19  
If no: Golden State Warriors  
Name of Source  
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒  
If yes: Valle, Richard- Supervisor District 2  
Official's Name (Last, First)

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

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

<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  
(Cert, First)  
Number of Ticket(s)/Pass(es)  
Identify one of the following:

<table>
<thead>
<tr>
<th>Ceremonial Role ☐</th>
<th>Other ☐</th>
<th>Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role ☐</td>
<td>Other ☐</td>
<td>Income ☐</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  
mission is to develop and empower every student to be productive, responsible and successful.

<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>New Haven Unified School District</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Gabriela Christy  
Supervisor's Assistant  
Print Name  
Title  
Date July 2, 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)
   Heather Cartwright

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 27 tick / $45 park
   Event Description Baseball game
   Date(s) 06/01/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source Chan, Wilma
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

   B. Name of Individual
      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
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      ________________________________
      ________________________________
      ________________________________
      ________________________________
      Girls Inc. of the Island City
      18+P3 To reward a school or nonprofit organization for its contributions to the community
      Provide Youth Development Services Geared for Girls in Alameda

4. Verification
   Heather Cartwright
   Supervisor's Assistant
   ________________________________
   ________________________________
   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)
Heather Cartwright

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

#### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Basketball 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 $** $25 ticket

**Date(s)**
6/02/19

**If no:** Golden State Warriors

**If yes:** Chan, Wilma

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

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

<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 (Last, First)**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

**Raymond, Steve**

To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

**Milkie, Anne**

To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

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

Heather Cartwright
Supervisor’s Assistant
06.27.2019

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)
Heather Cartwright

Area Code/Phone Number E-mail
(510) 272-6693 heather.cartwright@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 Baseball game

Provide Title/Explanation

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

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>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 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>Deputy Sheriff's Activities League, 16335 E 14th St, San Leandro, CA 94578</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Sports and recreation league in unincorporated Alameda County</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

Heather Cartwright
Print Name
Supervisor’s Assistant
Title

(1/1/19)

Comment:

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Heather Cartwright

Area Code/Phone Number [510] 272-6693
E-mail heather.cartwright@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 100
Event Description Hillsong United USA Tour 2019
Provide Title/Explanation
Date(s) 06 / 03 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
If yes: Chan, Wilma
Name of Source
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

<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
(Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gardley, Kassendra</td>
<td>4</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td>4</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)/Pass(es)
Describe the public purpose made pursuant to the agency's policy

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>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, Heather Cartwright, a public officer as defined in sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright
Supervisor's Assistant

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)
   Heather Cartwright

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

   Date Stamp

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description 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/$40 park
   Date(s) 06 / 05 / 19
   If no: Golden State Warriors
   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:
      To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   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)  
Heather Cartwright  
Area Code/Phone Number E-mail  
(510) 272-6693 heather.cartwright@acgov.org

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☒ No ☐  
Face Value of Each Ticket/Pass $ 312.50 ticket/$40 park  
Event Description Basketball Game  
Date(s) 06/05/19  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☒  
If no: Golden State Warriors  
Was ticket distribution made at the behest of agency official?  
No ☐ Yes ☒  
If yes: Chan, Wilma  
Name of Source:  
Official’s Name (Last, First)  

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

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

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐  
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...  
|------------------------------------|-----------------------------|------------------------------------------------------------------|
| Havrilenko, Gene                    | 2                           | Ceremonial Role ☐ Other ☐ Income ☐  
If checking “Ceremonial Role” or “Other” describe below:  
To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...  
|                                    | 2                           |                                                                  |

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

4. Verification  
I have verified that the distribution set forth above, is in accordance with the requirements.  
Heather Cartwright  
Supervisor’s Assistant  
06.27.2019  
(Month, Day, Year)  

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

**Division, Department, or Region (If Applicable)**
- Board of Supervisors
- Designated Agency Contact (Name, Title)
  - Heather Cartwright

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

**E-mail**
- heather.cartwright@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/$40 park
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **Date(s)** 06 / 05 / 19
   - **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 ☐

   **Friedman, Mark**
   - **2+P**

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

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

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

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

4. **Verification**

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

   **Heather Cartwright**
   - **Print Name**
   - **Supervisor's Assistant**
   - **Title**
   - **06.27.2019**
     - **(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)
   Heather Cartwright
   Area Code/Phone Number E-mail
   (510) 272-6693 heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Basketball Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $312.50 ticket/$40 park
   Date(s) 06/07/19
   If no: Golden State Warriors
   Name of Source Chan, Wilma
   Official's Name (Last, First)

3. Recipients
   Use Section A to identify the agency's department or unit.
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit 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, Heather Cartwright, certify that I am in adherence with FPPC Regulations 8422 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright Print Name
   Supervisor's Assistant Title
   06.27.2019 (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)**
   - Heather Cartwright

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

   **E-mail**
   - heather.cartwright@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Event Description** Basketball Game
   - **Face Value of Each Ticket/Pass** $312.50 ticket/$40 park
   - **Date(s)** 06/07/19
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **If no:** Golden State Warriors
   - **Name of Source** Chan, Wilma
   - **Official’s Name (Last, First)**

3. **Recipients**
   - *Use Section A to identify the agency’s department or unit.*
   - *Use Section B to identify an individual.*
   - *Use Section C to identify an outside organization.*
   - **A. Name of Agency, Department or Unit**
   - **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...event held at a County facility...maximize potential County revenue...concession sales**
     - Ceremonial Role [ ]
     - Other [ ]
     - Income [ ]

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

4. **Verification**
   - I and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Heather Cartwright**
   - **Supervisor’s Assistant**
   - **06.27.2019**

   **(Month, Day, Year)**

   **Comment:**

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Basketball Game
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass: $25 ticket
Date(s): 06/10/19
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>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.

<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>Mojica, Maylene</td>
<td>4</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></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.

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

Heather Cartwright
Print Name
Supervisor's Assistant
Title
06.27.2019
(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)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@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/$40 park
   Date(s) 06 / 13 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

<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>
<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>Cravalho, Christopher</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<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>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</table>

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

4. Verification

   [Signature]
   18944.1 and 18942: I have verified that the distribution set forth above, is in accordance with the requirements.

   Heather Cartwright
   Supervisor's Assistant 06.27.2019
   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)**
Heather Cartwright

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

**Date Stamp**

**Form 802**
California
For Official Use Only

**2. Function or Event Information**
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description**
  - Alameda County Fair
  - **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 $** 10 park
- **Date(s)** 06/14/19
- **If yes: Alameda County Supervisor Wilma Chan**
  - **Name of Source**
  - **Official's Name (Last, First)**

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

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

<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>Murphy, Eric</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Cheng, Jason</td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Stadmire, Sylvia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whitlock-Peterson, Leisel</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Clemmons, Estelle</td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Voves, Nancy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**4. Verification**

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

Heather Cartwright
Print Name

Supervisor's Assistant
Title
07.16.2019
(Month, Day, Year)

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

### 1. Agency Name
Alameda County

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
  - **Event Description:** Alameda County Fair
    - **Date(s):** 06 / 14 / 19
  - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
  - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒

### 3. Recipients
- **Name of Agency, Department or Unit**
  - Describe the public purpose made pursuant to the agency's policy

- **Name of Individual**
  - **Number of Ticket(s)/Pass(es):**
    - Ceremonial Role ☐ Other ☐ Income ☐
    - **Describe the public purpose made pursuant to the agency's policy**

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

### 4. Verification
- **Verification:** 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
  - **Heather Cartwright:** Supervisor's Assistant
  - **07.16.2019**

**Comment:**

---

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Alameda County Fair
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair
   Name of Source
   Date(s) 06 / 14 / 19
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $ 15

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:
   Sundararaman, Asha | 2 | Ceremonial Role ☐ Other ☐ Income ☐
   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:

   2

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

4/Verification
   I, Heather Cartwright, Supervisor's Assistant, certify that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor's Assistant
   07.15.2019
   (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)
Heather Cartwright

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $32 Butler Pass
   Event Description Alameda County Fair
   Date(s) 06/14/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   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 facility in order to maximize potential County revenue from parking and concession sales

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

4. Verification
   [Signature]
   Heather Cartwright
   Supervisor’s Assistant
   07.16.2019 (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)**
   Heather Cartwright
   
   **Area Code/Phone Number** (510) 272-6693
   **E-mail** heather.cartwright@acgov.org
   
   Date Stamp
   California Form 802
   For Official Use Only

2. Function or Event Information
   
   **Does the agency have a ticket policy?** Yes ☑ No ☐
   
   **Face Value of Each Ticket/Pass** $15
   
   **Event Description** Alameda County Fair
   
   **Date(s)** 06 / 14 / 19
   
   **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   
   **Name of Source**
   
   **Was ticket distribution made at the behest of agency official?** No ☑ Yes ☑
   
   **Name of Source** Alameda County Supervisor Wilma Chan
   
   **Official's Name (Last, First)**

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

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

   **B. Name of Individual**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following.**
   
   **Ceremonial Role** ☐ **Other** ☐ **Income** ☐
   
   **I f checking "Ceremonial Role" or "Other" describe below:**
   
   **To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales**
   
   **C. Name of Outside Organization**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**

   **Various (reference attached spreadsheet)**
   **153**
   
   **Various (reference attached spreadsheet)**
   **153**
   
   **Various (reference attached spreadsheet)**
   **20**
   
   **Various (reference attached spreadsheet)**
   **To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales**
   
   **To reward a school or nonprofit organization for its contributions to the community**

4. Verification
   
   **Signature**
   
   **Print Name** Heather Cartwright
   **Title** Supervisor's Assistant
   **Date** 07.15.2019
   
   **Comment:**

   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Moyer</td>
</tr>
<tr>
<td>Vince Ferreira</td>
</tr>
<tr>
<td>Linda Ferreira</td>
</tr>
<tr>
<td>Brenda Howard</td>
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<td>Johnny Milho</td>
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<td>John Chung</td>
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<td>Jan Millios</td>
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<tr>
<td>Gray Babad</td>
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<tr>
<td>Loretta Aiyon</td>
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<tr>
<td>Christine Ciavare</td>
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<tr>
<td>Marthe Koger</td>
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<td>Eva Lam</td>
</tr>
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<td>Maria Magallion</td>
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<tr>
<td>Dorothia Fellows</td>
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<td>Mino Ng</td>
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<td>Mariana Deguzman</td>
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<td>Jose Santiago</td>
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<td>Louise Cardenas</td>
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<td>Wanda Chiu</td>
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<tr>
<td>Ray Wencelso</td>
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<td>Sharmi Cameron</td>
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<td>Nancy Vories</td>
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<tr>
<td>Estelle Clemons</td>
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<tr>
<td>Laisel Whithlock-Peterson</td>
</tr>
<tr>
<td>Letty Flores</td>
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<td>Sylvia Stanfield</td>
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<td>Jason Chiang</td>
</tr>
<tr>
<td>Eric Murphy</td>
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<tr>
<td>Herbert Javer</td>
</tr>
</tbody>
</table>

2.2 TICKET RECEIPT

<table>
<thead>
<tr>
<th># of Tickets</th>
<th>Description</th>
<th>Address</th>
<th>Organization</th>
</tr>
</thead>
</table>

SECTION B - INDIVIDUALS
Organizations

Section C - Outside

Roberto Salazar
Daniel Niles
Irene Hegebock
Brenda Francence Li
Lorraine Shonder
Larry Kelly
Laurel Miller
Barbara Tavanzuel
Flora Shek
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)
   Heather Cartwright

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

   Date of Original Filing: 06/14/19

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $15
   Event Description Alameda County Fair
   Date(s) 06/14/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Alameda County Fair
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   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 declare under penalty of perjury under the laws 1894.1 and 1894.2. I have verified that the distribution set forth above, is in accordance with the requirements.

   Heather Cartwright Supervisor's Assistant 07.15.2019
   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)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Alameda County Fair
   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 $15
   Date(s) 06 / 14 / 19
   Name of Source
   If no: Alameda County Fair
   If yes: Alameda County Supervisor Wilma Chan

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 read and understand Section 18944, 18945, and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor's Assistant
   07.15.2019
   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)
   Heather Cartwright
   Area Code/Phone Number
   (510) 272-6693
   E-mail
   heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $15
   Event Description
   Alameda County Fair
   Date(s) 06 / 14 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   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...event held at a County facility...maximize potential County revenue...concession sales
      Ceremonial Role ☐ Other ☐ Income ☐

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

4. Verification
   I, 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor's Assistant
   Print Name
   Title
   07.15.2019
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 15
   Event Description Alameda County Fair
   Ticket(s)/Pass(ес) provided by agency? Yes ☐ No ☑
   Date(s) 06 / 14 / 19
   If no: Alameda County Fair
   If yes: Alameda County Supervisor Wilma Chan

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:
   Murphy, Eric | 2 | Ceremonial Role ☐ Other ☐ Income ☐
   Cheng, Jason | | If checking “Ceremonial Role” or “Other” describe below:
   Stadmire, Sylvia | | To reward a community volunteer for his or her service to the public
   Clemons, Estelle | 2 | Ceremonial Role ☐ Other ☐ Income ☐
   Whitlock-Peterson, Leisel | | If checking “Ceremonial Role” or “Other” describe below:
   Voves, Nancy | | To reward a community volunteer for his or her service to the public

4. Verification
   I, 16944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor’s Assistant 07.15.2019
   (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)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6893
   E-mail heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $17 tic/ $45 park
   Date(s) 06 / 14 / 19
   If no: Oakland A's
   Name of Source Chan, Wilma
   Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>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>
   Building Futures
   Programs and services prioritize linking our clients with housing
   To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements:
   Heather Cartwright 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)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@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 ☑
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $27 tix / $45 park
   Date(s) 06 / 14 / 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 ☐
      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
      BOSS - Building Opportunities for Self-Sufficiency
      2
      To reward a school or nonprofit organization for its contributions to the community
      Help homeless, poor, disabled achieve health and self-sufficiency

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

Comment: [Signature]
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)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@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 Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   Name of Source Chan, Wilma
   If yes: Chan, Wilma
   Official’s Name (Last, First)
   Date(s) 06/15/19
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

   B. Name of individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      Macias, Sandra
      2
      To reward a community volunteer for his or her service to the public
      2

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   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)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $24
   Date(s) 06 / 15 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   If yes: Chan, Wilma
   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 (First, Last)
   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 verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   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)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@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) 06/18/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   If yes: Chan, Wilma
   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
      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
      2
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      2

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor's Assistant
   Date (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)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $100
   Event Description Pepe Aguilar
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 06/21/19
   If yes: Golden State Warriors
   Name of Source Chan, Wilma
   If no: Chan, Wilma
   Name of Source (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:

   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
   The Unity Council 4
   To reward a school or nonprofit organization for its contributions to the community
   A non-profit Social Equity Development Corporation

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

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Heather Cartwright

Date Stamp

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

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

2. Function or Event Information

Does the agency have a ticket policy?  Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 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)  06/22/19

3. Recipients

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

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

Heather Cartwright  Supervisor’s Assistant

Comment:  

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number: (510) 272-6693
   E-mail: heather.cartwright@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): 06/23/19
   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)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
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</tbody>
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<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>Ritter, Penny</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
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<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td>Alqaisi, Ramsey</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>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 certify under penalty of perjury under the laws of the State of California, 38.44.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor's Assistant
   Print Name
   Title
   [Signature]
   [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)**
   Heather Cartwright

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

   **E-mail**
   heather.cartwright@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 [X] No [ ]

   **Face Value of Each Ticket/Pass** $100

   **Event Description**
   Khalid: Free Spirit World Tour

   **Provide Title/Explanation**
   [ ]

   **Date(s)**
   06 / 28 / 19

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

   **If no:**
   Golden State Warriors

   **Name of Source**
   Chan, Wilma

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

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

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

   **Number of Ticket(s)/Pass(es)**
   [ ]

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

   **B. Name of Individual**
   Khatri, Palwashaa

   **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 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)**
   2

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

4. **Verification**
   [ ]

   **Heather Cartwright**
   Print Name

   **Supervisor's Assistant**
   Title

   [7/1/19]

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

### 2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ __________
Event Description: Oakland A's
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 6 / 1 / 19
If no: Oakland A's
If yes: Miley, Nathan
Name of Source Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/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>Harrison, Nate</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</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 7/1/19

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ ________________
Event Description: Oakland A’s
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland A’s
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
If yes: Miley, Nathan

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

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

C. Name of Outside Organization (include address and description)
Number of Ticket(s)/Passes
Describe the public purpose made pursuant to the agency’s policy
United Seniors of Oakland/Alameda County
Oakland, CA
4
To increase attendance... maximize profit... community organization...community based organization

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

Nathan Miley
Print Name
Supervisor, Fourth District
Title
7/1/19 (month, day, year)

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

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) 6 / 5 / 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>
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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>Brooks, Patricia</td>
<td>4</td>
<td>multiply the ticket cost by 0.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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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
7/1/19

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ ___.00
   Event Description: Golden State Warriors
   Date(s) 6 / 7 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: DACCA
   If yes: Miley, Nathan
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   Name of Source
   Official's Name (Last, First)

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

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

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<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals on Wheels of Alameda County</td>
<td>4</td>
<td>To increase attendance... maximize profit...Community Based Organization</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]
   Nathan Miley
   Print Name
   Supervisor, Fourth District
   Title
   7/1/19 (month, day, year)

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

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

**2. Function or Event Information**
- Does the agency have a ticket policy? ☒ No ☐
- Face Value of Each Ticket/Pass: $304.80
- Event Description: Golden State Warriors
- Dates(s): 6/13/19
- Ticket(s)/Pass(es) provided by agency? ☐ Yes ☒ No
- If no: OACCA
  - Name of Source: Miley, Nathan
  - Official's Name (Last, First): Nathan Miley

**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>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexander, Toni</td>
<td>2</td>
<td>To increase attendance... maximize profit...</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>
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</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.

Nathan Miley
Print Name

Supervisor, Fourth District
Title

7/1/19 (month, day, year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Oakland A's
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   Date(s): 6 / 14 / 19
   Face Value of Each Ticket/Pass $ ___________
   If no: Oakland A's
   Name of Source
   If yes: Miley, Nathan
   Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy
   
   B. Name of Individual (Last, First) Number of Ticket(s)/Passes Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   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
   United Seniors of Oakland/Alameda County
   Oakland, CA 4 To increase attendance... maximize profit... community organization... community based organization

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 7/1/19
   Print Name Title (month, day, year)

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ __________
   Event Description: Oakland A’s
   Date(s) 6 / 15 / 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?  Yes ☑ No ☐
   Name of Source
   Official’s Name (Last, First)

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

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

   | Name of Individual (Last, First)  | Number of Ticket(s)/Passes | Identify one of the following:
   |-----------------------------------|-----------------------------|----------------------------------------------------------------|
   |                                   |                             | Ceremonial Role ☐ Other ☐ Income ☐

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland/Alameda County, Oakland, CA</td>
<td>4</td>
<td>To increase attendance... maximize profit... community organization...community based organization</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  7/1/19
   Print Name  Title  (month, day, year)

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

**A Public Document**

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

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description:** Oakland A’s
- **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 $**

**Date(s) 6 / 16 / 19**

**Name of Source**
- **If no:** Oakland A’s
- **If yes:** Miley, Nathan

**Official’s Name (Last, First)**

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chhoeun, David</td>
<td>6</td>
<td>To increase attendance... maximize profit... reward county employee for service to public</td>
</tr>
</tbody>
</table>

| Poon, Eva                           | 4                          | To increase attendance... maximize profit... |

<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>(Include address and description)</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  
7/1/19

Comment: }

ipsei FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### 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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<th>A. Name of Agency, Department or Unit</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>Stewart, Darryl</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit... community organization... to reward a county employee public service</td>
</tr>
<tr>
<td>Orfanos, Jaimie</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit... community organization</td>
</tr>
</tbody>
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<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ __________
Event Description: Oakland A's
Date(s) 6 / 19 / 19 __________ __________ __________
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
If yes: Miley, Nathan
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
Name of Source Official's Name (Last, First)

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

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

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

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

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

United Seniors of Oakland and Alameda County 4 To increase attendance... maximize profit... community organization

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 7/1/19
Print Name Title (month, day, year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Oakland A's
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 $ ____________
Date(s) 6 / 20 / 19
If no: Oakland A's
If 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.

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<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>Johnson, Sandra</td>
<td>4</td>
<td>To Increase attendance... to maximize profit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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
Print Name
Supervisor, Fourth District
Title
07/01/19
(month, day, year)

Comment: [Signature]

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 E-mail
   (510) 272-6694 district4@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $________
   Event Description: Oakland A's
   Date(s) 6/21/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Nathan Miley

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>Harrison, Nate</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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>
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<td></td>
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<td></td>
</tr>
</tbody>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Nathan Miley
   Supervisor, Fourth District
   7/1/19
   Comment: __________________________
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ __________
Event Description: Oakland A's
Date(s) 6/22/19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland A's
Name of Source
If yes: Miley, Nathan
Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland and Alameda Co. Oakland, CA</td>
<td>4</td>
<td>To increase attendance... maximize profit... community organization</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 7/1/19
Date 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, Fourth District
   Designated Agency Contact (Name, Title)
   Nathan Miley, Supervisor, Fourth District
   Area Code/Phone Number  E-mail
   (510) 272-6694  district4@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑  No ☐
   Face Value of Each Ticket/Pass $ __________
   Event Description: Oakland A's
   Date(s) 6/23/19
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☑
   If no: Oakland A's
   Was ticket distribution made at the behest of agency official?  Yes ☑  No ☐
   Official’s Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit  Number of Ticket(s)/Passes  Describe the public purpose made pursuant to the agency’s policy
   B. Name of Individual  Number of Ticket(s)/Passes  Identify one of the following:
      Kamer, Asa  4  Ceremonial Role ☑  Other ☐  Income ☐
      To increase attendance... maximize profit... to reward a county employee for service to public
      Ceremonial Role ☑  Other ☐  Income ☐
      If checking “Ceremonial Role” or “Other”, describe below:
   C. Name of Outside Organization  Number of Ticket(s)/Passes  Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Nathan Miley  Supervisor, Fourth District  7/1/19
   (month, day, year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Alameda County Fair
Provide Title/Explanation
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 $ 15.00
Date(s) 06/14/19
If no: Alameda County Fair
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>
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</table>

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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></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>
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<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beth Eden Baptist Church, Oakland, CA</td>
<td>6</td>
<td>To increase attendance... maximize profit... community organization</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.

V: Nathan Miley
Print Name
Supervisor, Fourth District
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, Fourth District
   Designated Agency Contact (Name, Title)
   Nathan Miley, Supervisor, Fourth District
   Area Code/Phone Number (510) 272-6594
   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 $ 15.00
   Event Description: Alameda County Fair
   Date(s) 07/14/19 07/19/19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: 
   Name of Source Alameda County Fair
   Official's Name (Last, First) 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.

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:

   Bradford, William 4 To increase attendance... maximize profit...

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

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

   Nathan Miley Supervisor, Fourth District 8/1/19
   Print Name Title (month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, 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 $15.00
   Event Description: Alameda County Fair
   Date(s): 06/14/19 to 07/07/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Alameda County Fair
   If yes: Nathan Miley, Nathan
   Name of Source
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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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>Carrillo, Patricia</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To increase attendance... maximize profit...</td>
</tr>
</tbody>
</table>

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<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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   Nathan Miley, Supervisor, Fourth District
   Print Name: Nathan Miley
   Title: Supervisor, Fourth District
   Date: 8/1/19
   (month, day, year)

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

1. Agency Name
   Alameda County
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   Board of Supervisors, Fourth District

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 15.00
   Event Description: Alameda County Fair
   Date(s) 06/14/19 ☐ 07/07/19 ☒
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Alameda County Fair
   If yes: Miley, Nathan
   Official's Name (Last, First)

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

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

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<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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Nathan Miley
Supervisor, Fourth District
8/1/19

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Alameda County Fair
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 $ 15.00
Date(s) 06/14/19 06/15/19
If no: Alameda County Fair
Name of Source
If yes: Miley, Nathan
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Services Agency</td>
<td>50</td>
</tr>
<tr>
<td>Describe the public purpose made pursuant to the agency's policy</td>
<td>To increase attendance... maximize profit... reward county employees</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
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</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td>Identify one of the following:</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
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<thead>
<tr>
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<tr>
<td></td>
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<tr>
<td>Describe the public purpose made pursuant to the agency's policy</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 8/1/19

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $15.00
   Event Description: Alameda County Fair
   Date(s) 06/14/19 07/07/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair
   Name of Source
   If yes: Miley, Nathan
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy
   
   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
   Mohammad, Ansar
   2
   Ceremonial Role ☐ Other ☐ Income ☐
   To increase attendance... maximize profit...
   
   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy
   
4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Nathan Miley
   Print Name
   Supervisor, Fourth District
   Title
   7/1/19 (month, day, year)

Comment: /
# Agency Report of:

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

**A Public Document**

## 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

<table>
<thead>
<tr>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Form 802</td>
</tr>
<tr>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

**□ 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 $** 15.00

**Event Description:** Alameda County Fair

**Date(s):** 06/14/19 to 07/07/19

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

**If no:** Alameda County Fair

**Name of Source:** Miley, Nathan

**Official’s Name (Last, First):**

## 3. Recipients

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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| Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐  
To increase attendance... maximize profit... |

<table>
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<tr>
<th>Name of Outside Organization (include address and description)</th>
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## 4. Verification

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

Nathan Miley  
Supervisor, Fourth District  
7/1/19 (month, day, year)

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

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

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

   Date Stamp

   California Form 802
   For Official Use Only

   Amendment  (Must Provide Explanation in Part 3.)
   Date of Original Filling:  (month, day, year)

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Event Description: Alameda County Fair
   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 $ 15.00
   Date(s) 09/07/19
   If no:  Alameda County Fair
   Name of Source
   If yes:  Miley, Nathan
   Official's Name (Last, First)

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

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

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

   Bradd, Mary  3  Ceremonial Role ☐ Other ☐ Income ☐
   To increase attendance... maximize profit...

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

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

   Nathan Miley  Supervisor, Fourth District
   Print Name  Title
   7/1/19  (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 E-mail
(510) 272-6694 district4@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 15.00
Event Description: Alameda County Fair
Date(s) 06/14/19 07/07/19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Alameda County Fair
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Miley, Nathan

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rodriguez, Coco</td>
<td>8</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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

Nathan Miley  Supervisor, Fourth District  7/1/19
Print Name  Title  (month, day, year)

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

1. **Agency Name**
   Alameda County

   **Division, Department, or Region (if applicable):**
   Board of Supervisors, 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:** $15.00
   - **Event Description:** Alameda County Fair
   - **Date(s):** 06/14/19 + 07/07/19
   - **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.

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<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chew, Chonita</td>
<td>10</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit...</td>
</tr>
</tbody>
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4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   **(Signature)**
   Nathan Miley

   **Print Name**
   Supervisor, Fourth District

   **Title**
   (month, day, year)
   7/1/19

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Alameda County Fair
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 $ 15.00
Date(s) 06/14/19 to 07/07/19
If no: Alameda County Fair
Name of Source
If yes: Miley, Nathan
Official’s Name (Last, First)

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

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

B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
Pepe, Joel | 4 | To increase attendance... maximize profit...
Ceremonial Role ☐ Other ☐ Income ☐

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
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Nathan Miley
Supervisor, Fourth District
Print Name
Title
7/1/19 (month, day, year)

Comment: 

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Alameda County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Alameda County Fair
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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</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: Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chew, Chonita</td>
<td>6</td>
<td>To increase attendance... maximize profit...</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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Nathan Miley  Supervisor, Fourth District  7/1/19
Print Name  Title  (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  E-mail
   (510) 272-6694  district4@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒  No ☐
   Event Description: Alameda County Fair
   Date(s): 06/14/19
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☒
   If no: Alameda County Fair
   Name of Source
   If yes: Miley, Nathan
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $ 15.00

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>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

   | 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>Reyes, Fernando</td>
<td>10</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit...</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Nathan Miley  Supervisor, Fourth District  7/1/19
   Print Name  Title  (month, day, year)

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No □
   Face Value of Each Ticket/Pass $ 15.00
   Event Description: Alameda County Fair
   Date(s) 06/14/19 07/07/19
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Alameda County Fair
   Name of Source
   If yes: Miley, Nathan
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes X 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:
   
   Rost, Chloe
   5
   To increase attendance... maximize profit...

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

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

   Nathan Miley  Supervisor, Fourth District  7/1/19
   (month, day, year)

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

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

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☑ No ☐
Event Description: Alameda County Fair
Provide Title/Explanation
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 $ 15.00
Date(s) 06/14/19 07/07/19
If no: Alameda County Fair
Name of Source
If yes: Miley, Nathan
Official’s Name (Last, First)

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

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

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

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

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

Nathan Miley Supervisor, Fourth District 7/1/19
Print Name Title
(month, day, year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Alameda County Fair
Face Value of Each Ticket/Pass $ 15.00
Date(s) 06/14/19 07/07/19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Alameda County Fair
Name of Source
If yes, Miley, Nathan
Official's Name (Last, First)

3. Recipients
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<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
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<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>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
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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>Chabot Space and Science Center Oakland, CA</td>
<td>10</td>
<td>To increase attendance... maximize profit... community organization</td>
</tr>
</tbody>
</table>

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

Nathan Miley
Supervisor, Fourth District
Print Name
Title
7/1/19
(month, day, year)

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

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

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes ☒ No ☐
- Event Description: Alameda County Fair
- 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: $15.00
- Date(s): 06/14/19
- If no: Alameda County Fair
- If yes: Miley, Nathan

### 3. Recipients

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Abalos, Amel (ITD Employee)</td>
<td>4</td>
<td>To increase attendance... maximize profit... to reward county employee for service to public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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Nathan Miley
Supervisor, Fourth District

Print Name
Title

Date: 7/1/19
(month, day, year)

Comment:

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

2. Function or Event Information
Does the agency have a ticket policy? □ Yes □ No
Face Value of Each Ticket/Pass $15.00
Event Description: Alameda County Fair
Provide Ticket/Explanation
Ticket(s)/Pass(es) provided by agency? □ Yes □ No
Date(s) 06/14/19 07/07/19
If no: Alameda County Fair
If yes: Miley, Nathan
Name of Source
Official’s Name (Last, First)

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

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<tbody>
<tr>
<td>Hong, Ernest (ITD Employee)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit... to reward county employee for service to public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other”, describe below:</td>
</tr>
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[Signature] Nathan Miley
Print Name: Supervisor, Fourth District
Date: 7/1/19
(month, day, year)

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

1. Agency Name
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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: Alameda County Fair
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 $15.00
Date(s) June 14-19, 07/07/19
If no: Alameda County Fair
Name of Source
Miley, Nathan
Official's Name (Last, First)

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

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<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td>Wilson, Trevor</td>
<td>8</td>
<td>To increase attendance... maximize profit...</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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Nathan Miley
Supervisor, Fourth District
7/1/19 (month, day, year)

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

1. Agency Name
   Alameda County
   Board of Supervisors, Fourth District
   Designated Agency Contact (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 $15.00
   Event Description: Alameda County Fair
   Date(s): 01/14/19, 01/19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If yes: Alameda County Fair
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Miley, Nathan
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(e)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilson, Trevot</td>
<td>8</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(e)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</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  7/1/19
Print Name  Title  (month, day, year)

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

#### 1. Agency Name
Alameda County

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

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

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

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

**Date Stamp**


#### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☑ No ☐</th>
<th>Face Value of Each Ticket/Pass $</th>
<th>15.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description: Alameda County Fair</td>
<td></td>
<td>Date(s): 06/14/19, 07/07/19</td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☑ No ☐</td>
<td>If no: Alameda County Fair</td>
<td></td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>Yes ☑ No ☐</td>
<td>If yes: Miley, Nathan</td>
<td></td>
</tr>
</tbody>
</table>

#### 3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/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>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyde, Eric (GSA Employee)</td>
<td>4</td>
<td>To increase attendance... maximize profits... to reward county employee for service to public</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

7/1/19  
(month, day, year)

Comment:  

---

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, Fourth District
   Designated Agency Contact (Name, Title)
   Nathan Miley, Supervisor, Fourth District
   Area Code/Phone Number (510) 272-6694
   E-mail district4@acgov.org
   Date Stamp
   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 $ 15.00
   Event Description: Alameda County Fair
   Date(s) 6/6/14 6/7/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair
   If yes: Miley, Nathan
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   Official's Name (Last, First)

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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Head, Linetta</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify one of the following:</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td>To increase attendance... maximize profit...</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
</tbody>
</table>

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

   Signee Nathan Miley Supervisor, Fourth District 7/1/19 (month, day, year)

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

1. Agency Name  
Alameda County  

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

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

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

2. Function or Event Information  
Does the agency have a ticket policy?  Yes ☒  No ☐  
Face Value of Each Ticket/Pass $ 15.00  

Event Description: Alameda County Fair  
Provide Title/Explanation:  
Date(s) 06/14/19  07/07/19  

Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☒  
If no:  
Alameda County Fair  
Name of Event:  
If yes: Miley, Nathan  
Official's Name [Last, First]  

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</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 ☐  
If checking “Ceremonial Role” or “Other” describe below:  
To increase attendance... maximize profit... community organization  
Ceremonial Role ☐  Other ☐  Income ☐  
If checking “Ceremonial Role” or “Other” describe below:  

| Jennings, LJ | 15 |                                                               |

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

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

Signed: Nathan Miley  
Print Name:  
Title: Supervisor, Fourth District  
Date: 7/1/19  

Comment:  

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: A's vs. Astros
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $27.00
   Date(s) 06 / 01 / 19
   If yes: Oakland Athletics Baseball
   Official's Name (Last, First)

3. Recipients
   Describe the public purpose made pursuant to the agency's policy
   To promote attendance at a County sponsored event at a County facility in order to maximize potential County revenue

   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

4. Verification
   Briana Brown Supervisor's Assistant 6/30/19
   (Month, Day, Year)
   Comment: Parking Pass: $30.00
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 $ __________ 25.00
Event Description: Warriors vs. Raptors
Provide Title/Explanation: ________
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s): 06 / 02 / 19
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If no: Golden State Warriors
Name of Source: ________
If yes: ________ Official's Name (Last, First)

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

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

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

4. Verification
I hereby certify that the distribution set forth above is in accordance with the requirements.
Briana Brown
Supervisor's Assistant
Print Name: ________
Title: ________
(Month, Day, Year): 06/30/19

Comment: Parking Pass: $30.00

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ❑ No ❑
Face Value of Each Ticket/Pass $25.00
Event Description Warriors vs. Raptors
Date(s) 06 / 05 / 19
Ticket(s)/Pass(es) provided by agency? Yes ❑ No ❑
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No ❑ Yes ❑
If yes: Official's Name (Last, First)

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

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

4. Verification
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 6/30/19
Print Name Title (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Warriors vs. Raptors
   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 $25.00
   Date(s) 06 / 07 / 19
   If no: Golden State Warriors
   Name of Source
   If yes: Official's Name (Last, First)

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

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

   B. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐

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

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number (510) 272-6618
   E-mail briana.brown2@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only
2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Warriors vs. Raptors
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 25.00
   Date(s) 06/10/19
   If no: Golden State Warriors
   Name of Source
   If yes: Official's Name (Last, First)
3. Recipients
   Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      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 choosing "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      If choosing "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
      Better Black 4
      To reward a school or nonprofit organization for its contributions to the community
4. Verification
   I have read and understand §§ 18943 and 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor's Assistant
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
   Date of Original Filing: (Month, Day, Year)
   Comment: Parking Pass: $30.00
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Briana Brown

Area Code/Phone Number E-mail
(510) 272-6618 briana.brown2@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 $ 25.00

Event Description Warriors vs. Raptors

Provide Title/Explanation

Date(s) 06 / 13 / 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

<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>D5</td>
<td>4</td>
<td>To promote attendance at a County sponsored event at a County facility in order to maximize potential County revenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility (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>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, Briana Brown, Supervisor's Assistant, declare under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge. This report is being filed in accordance with the requirements of Section 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Parking Pass: $30.00

San Francisco, June 30, 2019

Briana Brown
Supervisor's Assistant

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

1. Agency Name
   Alameda County

   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Briana Brown

   Area Code/Phone Number E-mail
   (510) 272-6618 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) 06 / 16 / 19

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics Baseball
   Name of Source
   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.
   Describe the public purpose made pursuant to the agency’s policy

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)

   B. Name of individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identifying 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 hereby and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor’s Assistant
   Print Name Date (Month, Day, Year)

   Comment: ____________________________

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

1. Agency Name
   Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Briana Brown
Area Code/Phone Number (510) 272-6618
E-mail briana.brown2@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 Baseball game

   Provide Title/Explanation

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

   If no: Oakland Athletics Baseball

   Name of Source

   If yes: Official's Name (Last, First)

   Face Value of Each Ticket/Pass $ 17.00

   Date(s) 06 / 19 / 19

3. Recipients

   (See Section A to identify the agency's department or unit, Section B to identify an individual, and Section C to identify an outside organization.)

   A. Name of Agency, Department or Unit

   Number of Ticket(s)/Pass(es)

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

   B. Name of Individual

   Number of Ticket(s)/Pass(es)

   Identify one of the following:

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

     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 declare and certify under 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

   (Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County

   Division, Department, or Region (if Applicable)

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number (510) 272-6618
   E-mail briana.brown2@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 $ 17.00
   Event Description Baseball game
   Provide Title/Explanation
   Date(s) ______/_____/______ I ______/_____/______
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics Baseball
   Name of Source
   Official's Name (Last, First)
   If 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 ☐
   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:
   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.
   Briana Brown ___________________________ Supervisor's Assistant ___________________________
   Print Name ___________________________ Title ___________________________
   (Month, Day, Year) 6/30/14

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No □
   Event Description Khalid: Free Spirit World Tour
   Provide Title/Explanation
   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 $ 100.00
   Date(s) 06 / 28 / 19
   If no: Golden State Warriors
   Name of Source
   If yes: Official's Name (Last, First)

3. Recipients
   Use Section C to identify an outside organization.
   Use Section C to identify an individual.
   Number of Ticket(s)/Pass(es)
   Name of Agency, Department, or Unit
   Describe the public purpose made pursuant to the agency's policy
   To promote attendance at a County sponsored event at a County facility in order to maximize potential County revenue
   D5 4

   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:

   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
   Briana Brown
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)

Comment: Parking Pass: $30.00