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

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

   Date Stamp
   California Form 802
   For Official Use Only

   Amendment (Must Provide Explanation in Part 3)

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑  No ☐
   Face Value of Each Ticket/Pass $ 1,500
   Event Description: Oakland A's Game
   Date(s) 07 / 02 / 19
   Ticket(s)/Pass(es) provided by agency?  Yes ☑  No ☐
   If no:  Name of Source
   If yes:  Haggerty, Scott
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official?  Yes ☑  No ☐

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

   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
   Livermore Girls Softball Association
   P.O. Box 905, Livermore, CA 94551  1 Suite
   TO REWARD A NON-PROFIT YOUTH SPORTS ORGANIZATION FOR THEIR CONTRIBUTIONS TO THE LIVERMORE 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
   Print Name  Title
   07/02/19
   (month, day, year)

   Comment: Suite was used as part of annual fundraiser event. Proceeds go toward equipment and field maintenance.

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 36.00
   Event Description: Oakland A's Game
   Date(s) 07 / 03 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If yes: Haggerty, Scott
   If no: ____________________________
   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.

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends of Joe Michell School 1001 Elaine Ave., Livermore, CA 94550</td>
<td>4</td>
<td>TO REWARD A NON-PROFIT ORGANIZATION FOR CONTRIBUTIONS TO THE SCHOOL 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 regulations.

   Signature of Agency Needle or Designee: ____________________________

   Print Name
   Leah Doyle-Stevens
   Title
   Ticket Administrator
   Date: 07/02/19 (month, day, year)

   Comment: Tickets were raffled at annual fundraiser event. Proceeds go toward unfunded school enrichment programs.
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
   - Date(s): 7/7/19
   - Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   - Name of Source: Alameda County Fair Association
   - Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   - If yes: Supervisor Scott Haggerty
   - Official's Name (Last, First): Scott Haggerty

3. **Recipients**

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

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

<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. Name of Individual (Last, First)**

<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>Ramsey Ismael</td>
<td>3</td>
<td>Ceremonial Role [x] Other [x] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [x] Income [ ]</td>
</tr>
<tr>
<td>Joe Gordon</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 at a County sponsored event held at a County facility to maximize potential County revenue.</td>
</tr>
</tbody>
</table>

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

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

4. **Verification**

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

   [Signature]

   **Vener Bates**
   **Print Name**
   **Supervisor's Assistant**
   **Title**

   **July 25, 2019**
   **(month, day, year)**

   **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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Koppel</td>
<td>8</td>
<td>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 to maximize potential County revenue.</td>
</tr>
<tr>
<td>Dawn Argula</td>
<td>5</td>
<td>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 to maximize potential County revenue.</td>
</tr>
<tr>
<td>Arturo Del Rio</td>
<td>4</td>
<td>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 to maximize potential County revenue.</td>
</tr>
<tr>
<td>William Martinez</td>
<td>6</td>
<td>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 to maximize potential County revenue.</td>
</tr>
</tbody>
</table>

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Vener Bates, Supervisor’s Assistant

   Area Code/Phone Number
   510-272-6691

   E-mail
   vener.bates@acgov.org

   Face Value of Each Ticket/Pass $ 15.00

   Date(s) 7/7/19

   Name of Source
   Alameda County Fair Association
   Supervisor Scott Haggerty

2. Function or Event Information

   Does the agency have a ticket policy? Yes X No □

   Event Description: Alameda County Fair

   Ticket(s)/Pass(es) provided by agency? Yes □ No X

   Of agency official? Yes □ No X

3. Recipients

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

   A. Name of Agency, Department or Unit
      Alameda County General Services Agency
      Tri-Valley Substation Sheriff’s Office

   B. Name of Individual (Last, First)
      Mel Luna
      Wanda Thompson

   C. Name of Outside Organization (include address and description)
      School of Imagination, 9801 Dublin Blvd., Dublin, CA 94568

   Describe the purpose of the event:
   To reward a County employee for his or her exemplary service to the public or to encourage staff development.
   To reward a County employee for his or her exemplary service to the public or to encourage staff development.
   To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue.
   To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue.

   Identify one of the following:
   Ceremonial Role X Other □ Income □
   Ceremonial Role □ Other X □ Income □

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
   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 Tucknott</td>
<td>10</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public.</td>
</tr>
<tr>
<td>Gloria Olson</td>
<td>10</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public.</td>
</tr>
<tr>
<td>Nat Piazza</td>
<td>10</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public.</td>
</tr>
<tr>
<td>Guy Houston</td>
<td>8</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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<tr>
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<td></td>
<td>To reward a community volunteer for his or her service to the public.</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>
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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, District 1

Designated Agency Contact (Name, Title)
Denise Jacinto, Ticket Administrator

Area Code/Phone Number  E-mail
510-272-6691 Denise.Jacinto@acgov.org

Date Stamp  California Form 802
For Official Use Only

□ Amendment (Must Provide Explanation in Part 3.)
Date of Original Filing: ______/_____/______

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

Face Value of Each Ticket/Pass $ __________

Event Description: Got 7 World Tour 2019

Provide Title/Explanation  Date(s) ___/___/___

Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☐ If no: ______

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

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

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</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>Yang, Mary</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>income ☐</td>
</tr>
</tbody>
</table>

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

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

Denise Jacinto  Ticket Administrator
Print Name  Title

09/05/19 (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)
   Denise Jacinto, Ticket Administrator

   Area Code/Phone Number  E-mail
   510-272-6691  Denise.Jacinto@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $130.00
   Event Description: Shawn Mendes Concert
   Date(s) 07/13/19
   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:
   
   Juarez, Mario 4
   To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales
   Ceremonial Role ☑ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:

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

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

   Denise Jacinto  Ticket Administrator
   Print Name  Title
   09/05/19
   (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 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) 07 / 13 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Haggerty, Scott

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

A. Name of Agency, Department or Unit

<table>
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<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
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B. Name of Individual (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Las Positas College Foundation 3000 Campus Hill Dr., Livermore, CA 94551</td>
<td>1 Suite</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Leah Doyle-Stevens Ticket Administrator 07/02/19

Comment: Suite was auctioned during fundraiser event. Proceeds go toward programs, scholarships & community.

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

1. **Agency Name**
   Alameda County

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

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

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Face Value of Each Ticket/Pass** $ 36.00
   - **Event Description:** Oakland A's Game
   - **Date(s)** 07 / 13 / 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)/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: Ceremonial Role ☒ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda Health System 1411 E. 31st St., Oakland, CA 94602</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 regulations.

   **Signature of Agency Head or Designee**
   Leah Doyle-Stevens

   **Ticket Administrator**
   07/02/19

   **Comment:**
   Tickets were auctioned during fundraiser event. Proceeds go toward improved hospital programs and care.
**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**

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

**Division, Department, or Region (if applicable)**

**Designated Agency Contact (Name, Title)**
Denise Jacinto, Ticket Administrator

**Date Stamp**

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

**E-mail**
Denise.Jacinto@ac.gov

**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:** $130.00
- **Event Description:** Shawn Mendes Concert
  
  **Date(s):** 07/14/19

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

**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>Pickard, Jasmine</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales</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>
</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.

Denise Jacinto
Ticket Administrator

Print Name
Title

09/05/19
(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, District 1

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

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

Date Stamp

California Form 802
For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes X No □
Face Value of Each Ticket/Pass $17.00

Event Description: Oakland A's game
Date(s) 07 / 25 / 19

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

Was ticket distribution made at the behest of agency official? Yes X No □
If yes, ________________________________
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>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>(Include address and description)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

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

Signature of Agency Head or Designee
Leah Doyle-Stevens
Ticket Administrator
Print Name
Title

08/23/19 (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
   510-272-6691
   E-mail
   Leah.Doyle-Stevens@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 $ 45.00
   Event Description: Oakland A's game
   Date(s) 07/27/19
   Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
   Name of Source
   If no: ___________________________
   If yes: Haggerty, Scott
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>
</tr>
</tbody>
</table>

   | Name of Individual          | Number of Ticket(s)/ Passes | Identify one of the following: |
   | (Last, First)               |                            | To reward a Community volunteer for his or her service to the public. |
   | Scheffer, Dennis            | 4                           | Ceremonial Role ☐ Other ☐ Income ☐ |

4. Verification
   I have read and understand the requirements of PC 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
   Print Name
   Ticket Administrator
   Title
   08/26/19 (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, 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
Provide Title/Explanation
Date(s) 07 / 31 / 19
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
If no: ___________________________
Name of Source
If yes: Haggerty, Scott
Official's Name (Last, First)
Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luna, Mel</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: __________
Leah Doyle-Stevens
Print Name: __________ Ticket Administrator Title: __________
08/26/19 (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 E-mail
(510) 272-6692 Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 17
Event Description A's vs. Twins
Date(s) 07/02/19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Athletics
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Valle, Richard- Supervisor District 2

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
<td></td>
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</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>Johnson, Terry</td>
<td>2</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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Comment: ____________________________

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Gabriela Christy
   (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. Minnesota Twins
   Date(s): 7/3/19
   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 $120
   Date of Original Filing: 7/12/19

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**
   - All American Festival

   **B. Name of Individual**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   - Ceremonial Role ☐ Other ☐ Income ☐
     If checking "Ceremonial Role" or "Other" describe below:
   - Ceremonial Role ☐ Other ☐ Income ☐
     If checking "Ceremonial Role" or "Other" describe below:
   - MT. ZOAN MANCION
     Free event to celebrate our country and community pride

   **C. Name of Outside Organization**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**
   - 0
     To reward a school or nonprofit organization for its contributions to the community

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

   Gabriela Christy
   Supervisor's Assistant

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
   Email 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
   Date(s) 7 / 7 / 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:
      To reward a community volunteer for his or her service to the public
      Income ☐

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

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
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 / 10
Date(s) — 7 / 7 / 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)
Ceremonial Role ☐ Other ☐ Income ☐
Identify one of the following:
To reward a community volunteer for his or her service to the public
Income ☐

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

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

Gabriela Christy Supervisor’s Assistant
Print Name Title
(Date, Month, 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: Gabriela Christy
   - Phone: (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**
     - Provide Title/Explanation: Alameda County Fair
   - **Face Value of Each Ticket/Pass $**
     - 15
   - **Date(s):**
     - 7/7/19
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes [ ] No [x]
   - **Was ticket distribution made at the behest of agency official?**
     - No [ ] Yes [x]

3. **Recipients**
   - **Name of Agency, Department or Unit**
     - **Number of Ticket(s)/Pass(es)**
     - **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

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:** 8/1/2019
   - **Signature:** Gabriel Christy
   - **Title:** Supervisor's Assistant

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable) 
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number 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 Alameda County Fair
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: 
   Name of Source 
   If yes: 
   Name of Source 
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Official’s Name (Last, First)

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

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

Comment: 

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

#### 1. Agency Name

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

#### 2. Function or Event Information

**Does the agency have a ticket policy?** Yes □ No □  
**Event Description** 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 □ 10 □  
**Date(s):** 7-7-19  
**Name of Source:** Alameda County  
**Official’s Name (Last, First):** Valle, Richard- Supervisor District 2

#### 3. Recipients

- **A. Name of Agency, Department or Unit**  
  **Number of Ticket(s)/Pass(es):** 4/2  
  **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):** Munoz Ramos, Cinthya  
    **Number of Ticket(s)/Pass(es):**  
    **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 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:**  
**Title:** Supervisor’s Assistant  
**Date:** 8/1/2009 (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: 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: $15/10
Date(s): 7/7/19

If no: Alameda County

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 - D2 | 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 | Number of Ticket(s)/Pass(es) |

| Miley, Chris | |

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

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

Gabriela Christy
Supervisor’s Assistant

Comment: ____________________________

Date Stamp California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

1. Agency Name
Alameda County

Division, Department, or Region (if Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)
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

Date(s) 7/7/19

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

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.

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
(Listed First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐

Demartini, Andy

4/2

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

Income ☐

C. Name of Outside Organization
(number 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:

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 $10
Event Description Alameda County Fair
Provide Title/Explanation
Date(s) 7/7/19
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></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>Schmidt, Lorenzo</td>
<td>4/1</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

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

Gabriela Christy [Print Name] Supervisor's Assistant [Title] 8/1/2019 [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 ☐
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 $ 15 10
Date(s) 7 7 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>
<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>
</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>D To reward a school or nonprofit organization for its contributions to the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union City Family Center 725 Whipple Rd., Union City, CA 94587</td>
<td>30 ☒ 5</td>
<td>communities, so that every child, family, and community member will have at their fingertips high-quality services and opportunities needed in order to thrive</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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [□]
   Face Value of Each Ticket/Pass $ [15] [10]
   Event Description [Alameda County Fair]
   Date(s) 7 / 7 / 19
   Ticket(s)/Pass(es) provided by agency? Yes [□] No [X]
   Name of Source
   If no: [Alameda County]
   If yes: [Valle, Richard- Supervisor District 2]
   Was ticket distribution made at the behest of agency official? No [□] Yes [X]

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

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

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

   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   To reward a school or nonprofit organization for its contributions to the community
   Income [□] Ceremonial Role [□] Other [□]
   If checking “Ceremonial Role” or “Other” describe below:

   Cypress Mandela
   977 66th Ave, Oakland, CA 94621
   30/5
   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 verified that the distribution set forth above, is in accordance with the requirements.

   [Signature] [Print Name] [Supervisor’s Assistant]
   (Month, Day, Year) 8/11/2019

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

### 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 / 10
Date(s): 7 / 7 / 19

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

- **B. Name of Individual**
  - **Name of Individual** Gutierrez, Alia
  - **Number of Ticket(s)/ Pass(es)** 4 / 2
  - **Ceremonial Role** ☐ Other ☐
  - **Comment** To reward a community volunteer for his or her service to the public

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

### Verification
I have read and understand CFPPC Sections 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 8 / 11 / 2019

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 ☐
   - **Face Value of Each Ticket/Pass** $100.00
   - **Event Description** GOT7
   - **Date(s)** 7 / 10 / 19
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **If yes:** Valle, Richard- Supervisor District 2
   - **Official's Name (Last, First)**
   - **If no:** Golden State Warriors

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

   - **B. Name of Individual**
     - **Name of Individual**
       - **U Lee, Chan**
     - **Number of Ticket(s)/Pass(es)** 4 / 2
     - **Identify one of the following:**
       - **Ceremonial Role** ☐
       - **Other** ☐
     - **Income** ☐
     - **To reward a community volunteer for his or her service to the public**

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

4. **Verification**
   - I have read and understood FPPC Regulations 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

   - **Date:** 11/11/19

   - **Comment:**

---

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

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

1. Agency Name
   Alameda County

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $130
   Event Description Shawn Mendes: The Tour
   Date(s) 7/13/19
   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: 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 ☐
      Sharma, Aditi
      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
   (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) 272-6892 Gabriela.Christy@acgov.org

Date Stamp California Form 802
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 24

Event Description A's vs. White Sox

Provide Title/Explanation

Date(s) 07 / 13 / 19 07 / 14 / 19

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

If no: Oakland Athletics

Name of Source

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

If yes: Valle, Richard- Supervisor District 2

Official's Name (Last, First)

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

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

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

Samson, Kyle 2 To reward a community volunteer for his or her service to the public

Green, Keith 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)

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

Resign 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 Shawn Mendes: The Tour
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 $130
Date(s) 7 / 14 / 19
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit
Number of Ticket(s)/Pass(es) 4/2
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)
Mojica, Maylene
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

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

4. Verification
I have read and understand FPPC Regulations 18544, 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature: Gabriela Christy
Print Name: Supervisor’s Assistant
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 A's vs. Mariners
   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 $ 17/24
   Date(s) 07/16/19 07/17/19

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:
   Sharma, Aditi 2 To reward a community volunteer for his or her service to the public
   Singh, Jay 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)

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

Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
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
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 $ 24/36
Event Description A's vs. Mariners
Provides Title/Explanations
Date(s) 07 / 25 / 19 07 / 26 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland Athletics
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)

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

<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 ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saint Rose Hospital Foundation 27200 Calaroga Ave, Hayward, CA 94545</td>
<td>4</td>
</tr>
</tbody>
</table>

To reward a school or nonprofit organization for its contributions to the community
raising the necessary resources needed to meet the hospital’s current and future needs.

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

Gabriela Christy
Supervisor’s Assistant

Print Name
Title
(Scout, Day, Year)

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 3617/45
   Event Description Oakland A's vs. Texas Rangers
   Date(s) 7/27/19 7/28/19
   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 ☐
   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 ☐

   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
      Policies and activities that will tend to further park and recreation
      projects within the jurisdictional limits of the Hayward Area
      Recreation and Park District

4. Verification
   I have read and understood FPPC regulations 18644.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy Supervisor's Assistant
   (Month, Day, Year)
   Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description KMEL Summer Jam
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 $ 100/30
Date(s) 7/28/19

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

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

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

Jackson, Latisha
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, ___________________________ according to 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 11/2019
Print Name Title

Comment: ________________________________

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

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

Area Code/Phone Number (510) 272-6892
E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description A's vs. Brewers
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   If yes: Valle, Richard - Supervisor District 2
   Official's Name (Last, First)
   Date(s) 07 / 30 / 19 07 / 31 / 19
   Face Value of Each Ticket/Pass $17

3. Recipients
   * Use Section 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:
   1. To reward a community
   2. To reward volunteer for his or her service to the public
   3. To reward a community
   4. To reward volunteer for his or her service to the public
   Income ☐

   Jackson, Blake ☒
   Gomez, Javey ☒

   **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 18945. I have verified that the distribution set forth above, is in accordance with the requirements.
   
   Gabriela Christy
   Supervisor's Assistant
   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

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 $ 36
   Date(s) 07 / 03 / 19
   If no: Oakland A's
   If yes: Chan, Wilma

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

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

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

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

4. Verification
   I, 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
   Date 7/30/19

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

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)
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 ☐

Event Description Baseball game

Provide Title/Explanation

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

If no: Oakland A's

If yes: Chan, Wilma

Official's Name (Last, First)

Face Value of Each Ticket/Pass $17

Date(s) 07 / 04 / 19

3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lam, Marianne</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☑</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
</tbody>
</table>

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

4. Verification

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

Heather Cartwright

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)
Heather Cartwright
Area Code/Phone Number  E-mail
(510) 272-6893 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
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 07 / 07 / 19
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
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:

Murphy, Eric
Cheng, Jason
Stadmire, Sylvia

2

Clemons, Estelle
Whitlock-Peterson, Leisel
Voves, Nancy

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, 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:

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: 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): 07/07/19
   If no: Alameda County Fair
   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.

<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>Bacani, Mark</td>
<td>5</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>5</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 have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor’s Assistant
   Print Name
   Title
   Date: 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) 272-6693
   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(es) provided by agency? Yes ☐ No ☑
   Date(s) 07 / 07 / 19
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   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
      (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
   As 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

   Heather Cartwright
   Supervisor's Assistant
   07.15.2019
   (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) 272-6693
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
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 $15
Date(s): 07/07/19

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>Cartwright, Bonnie</td>
<td>7</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>7</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
I declare under penalty of perjury under Sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.
Heather Cartwright
Print Name
Supervisor's Assistant
Title
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) 272-6693
   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) — 07 / 07 / 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:
   Various (reference attached spreadsheet) 153
   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
   Various (reference attached spreadsheet) 20
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
   Various (reference attached spreadsheet) 150
   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
   07.15.2019
   (Month, Day, Year)
   Comment:
<table>
<thead>
<tr>
<th># of Tickets</th>
<th>Description</th>
<th>Address</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>I.T. Ticket Recipients</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION B - INDIVIDUALS**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Myles</td>
</tr>
<tr>
<td>Vivian Herrera</td>
</tr>
<tr>
<td>Linda Herrera</td>
</tr>
<tr>
<td>Brenda Howard</td>
</tr>
<tr>
<td>Johnny Miller</td>
</tr>
<tr>
<td>Fernando Valenzuela</td>
</tr>
<tr>
<td>John Chung</td>
</tr>
<tr>
<td>Jan Miller</td>
</tr>
<tr>
<td>Gary Baeza</td>
</tr>
<tr>
<td>Edgar Ayon</td>
</tr>
<tr>
<td>Christine Chiocore</td>
</tr>
<tr>
<td>Margie Rogers</td>
</tr>
<tr>
<td>Eva Lam</td>
</tr>
<tr>
<td>Mathie Magnallion</td>
</tr>
<tr>
<td>Dorethie Fellow</td>
</tr>
<tr>
<td>Miao Ng</td>
</tr>
<tr>
<td>Naela Jackson</td>
</tr>
<tr>
<td>Marjan Deganzmann</td>
</tr>
<tr>
<td>Jose Santiago</td>
</tr>
<tr>
<td>Louie's Cardinals</td>
</tr>
<tr>
<td>Wanda Chu</td>
</tr>
<tr>
<td>Rey Wenceillo</td>
</tr>
<tr>
<td>Shirlie Cameron</td>
</tr>
<tr>
<td>Nancy Vlores</td>
</tr>
<tr>
<td>Estelle Clemmons</td>
</tr>
<tr>
<td>Joelis Wichold-Petersen</td>
</tr>
<tr>
<td>Lottie Fores</td>
</tr>
<tr>
<td>Sylvia Stamos</td>
</tr>
<tr>
<td>Jason Chong</td>
</tr>
<tr>
<td>Eric Murphy</td>
</tr>
<tr>
<td>Herbert Jailer</td>
</tr>
</tbody>
</table>
170 30
Girls Club
Alameda Boys and Girls Club
94612 777 6th Ave, Oakland, CA

170 30
Lotus Bloom
Girls Club
San Leandro Boys & Girls Club
Alameda, CA 94577

170 30
San Leandro Girls Inc. of the City
Casa Del Mar
Covenant Association
San Leandro Home

Organizations
Section C Outside
Roberto Zalumbaraga
Daniel Njia
Irene Hargobin
Brenda Fernandez
Lorraine Shopper
Larry Kelly
Laure Michelle
Barbara Vaniuzel
Fiore 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 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

Face Value of Each Ticket/Pass $32 Butler Pass

Date(s) 07/07/19

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

If no: Alameda County Fair
Name of Source

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

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:

Brown, Maddie 1 ea. Ceremonial Role ☐ Other ☐ Income ☐

Bacani, Marc Cartwright, Bonnie

Sundararaman, Asha 1 ea. Ceremonial Role ☐ Other ☐ Income ☐

To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

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

Heather Cartwright Supervisor's Assistant 07/16/2019

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)
Heather Cartwright
Area Code/Phone Number  
(510) 272-8693  
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’s $  
$10 park  
Date(s)  
07 / 07 / 19

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
If yes:  
Alameda County Supervisor Wilma Chan  
Official’s Name (Last, First)
Was ticket distribution made at the behest of agency official?  
No ☐ Yes ☒

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

<table>
<thead>
<tr>
<th>A. 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>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Cheng, Jason</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stadmire, Sylvia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whitlock-Peterson, Leisel</td>
<td>1</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Clemmons, Estelle</td>
<td></td>
<td></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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Heather Cartwright  
Signature of Agency Designee  
Primary Name  
Supervisor’s Assistant  
Title  
07.16.2019  
(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 [x] No [ ]
- **Face Value of Each Ticket/Pass:** $20 VIP park
- **Event Description:** Alameda County Fair
  - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Date(s):** 07 / 07 / 19
- **If yes:**
  - **Name of Source:** Alameda County Fair
  - **Official's Name (Last, First):**
  - **If no:** 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.**

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Maddie Bacani, Merc Cartwright, Bonnie</td>
<td>1 ea.</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Sundararaman, Asha</td>
<td>1 ea.</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

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

#### 4. Verification

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

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

A Public Document  
California Form 802

For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information  

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

Face Value of Each Ticket/Pass $  
$15

Date(s):  
- 07 / 07 / 19

Event Description:  
Alameda County Fair

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

If no:  
Alameda County Fair

If yes:  
Alameda County Supervisor Wilma Chan

Name of Source  
Officer's Name (Last, First)

3. Recipients  

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

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

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

- Ceremonial Role
- Other
- Income

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

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

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

4. Verification  

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:

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 GOT 7 Concert
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Face Value of Each Ticket/Pass $ 160.00
Date(s) 07 / 10 / 19
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
Official’s Name (Last, First)

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

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

B. Name of Individual (Last, First)  Number of Ticket(s)/Pass(es)  Identify one of the following:
Cartwright, Dellite  4  Ceremonial Role ☐ Other ☐ Income ☐
To promote attendance at a(n)… event held at a County facility in order to maximize potential County revenue…

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

4. Verification
Signature of Agency Head or Designee
Heather Cartwright
Print Name
Supervisor’s Assistant
Title
(Month, Day, Year)

Comment:

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

### 1. Agency Name
- **Alameda County**
- **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** Baseball game
- **Face Value of Each Ticket/Pass** $24
- **Date(s)** 07/12/19
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **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>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**
  - Schutz, Barry
- **Number of Ticket(s)/Pass(es)**
  - 2
- **Identify one of the following:**
  - Ceremonial Role [ ] Other [x]
  - Income [ ]

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

  **Number of Ticket(s)/Pass(es)**
  - 2
  - **Identify one of the following:**
    - Ceremonial Role [ ] Other [ ]
    - Income [ ]

<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>

**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>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
- **Date:** 07/19
- **Signature of Agency (Last, First):** Heather Cartwright
- **Supervisor's Assistant (Last, First):**
- **Title:**

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 $ 130.00
Event Description Shawn Mendes Concert
Provide Title/Explanation
Date(s) 07 / 13 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source Chan, Wilma
If yes:
Official's Name (Last, First)

3. Recipients
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
Youth Alive! 3300 Elm Street, Oakland, CA 94609 2
To reward a school or nonprofit organization for its contributions to the community
Educate/train young leaders to create a peaceful community

4. Verification
I have verified that the distribution set forth above, is in accordance with the requirements
Heather Cartwright Supervisor's Assistant 7/25/19
Print Name Title
Comment:
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 (510) 272-6693
E-mail heather.cartwright@acgov.org

2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☒ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Shawn Mendes Concert</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td>Date(s)</td>
<td>07 / 13 / 19</td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
<td>$130.00</td>
</tr>
<tr>
<td>If yes: Golden State Warriors Name of Source</td>
<td></td>
</tr>
<tr>
<td>If no: Chan, Wilma Official’s Name (Last, First)</td>
<td></td>
</tr>
</tbody>
</table>

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 ☐ |

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

| East Oakland Youth Development Center 8200 International Blvd. Oakland, 94621/ Develops social and leadership skills for youth and young adults |
| 2 | To reward a school or nonprofit organization for its contributions to the community |

4. Verification

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

Heather Cartwright Supervisor’s Assistant 7/6/19

Signature of agency official - 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 $24
Event Description: Baseball game
Date(s): 07/13/19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakland A's
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Chan, Wilma

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

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

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

Maiers, John 2

Oddie, Jim 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

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 ☐
   Event Description Shawn Mendes Concert
   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 $ 130.00
   Date(s) 07 / 14 / 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

   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 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 $ 45 tick/$20 park

   Event Description Baseball game
   Date(s) 07 / 14 / 19

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's

   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Chan, Wilma

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

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

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   Ceremonial Role ☑ Other ☐ Income ☐
   if checking "Ceremonial Role" or "Other" describe below:
   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
   UnitedSeniorsofOakland&Alameda -7200 Bancroft Ave Suite251Oakland,94605 18+3p To reward a school or nonprofit organization for its contributions to the community

   Supports issues/concerns to Alameda county seniors and their allies

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

   Heather Cartwright
   Supervisor's Assistant

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@scgov.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
If yes: Chan, Wilma
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $ $45 tick/$20 park
Date(s) 07 / 16 / 19

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Family Justice Center 470 27th St, Oakland, CA 94612</td>
<td>18+3p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Services to victims of interpersonal violence in a collaborative way</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
Signature: Heather Cartwright
Print Name: Heather Cartwright
Supervisor's Assistant: 7/30/19
Date: (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 $45 tix/$20 park

Event Description Baseball game

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

Date(s) 07/26/19

If no: Oakland A's Name of Source

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

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<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>Alameda Health System Foundation-350 Frank H. Ogawa Plaza Oakland,94612</td>
<td>6+1p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

Serves AHS, Alameda County’s patient & family-centered safety net health care

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

Date (Month, Day, Year) 7/30/19

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

1. Agency Name
   Alameda County
   Board of Supervisors

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Event Description: Baseball game
   Face Value of Each Ticket/Pass $45 tiix/$20 park
   Date(s): 07/26/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   If yes: Chan, Wilma

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      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
      Oakland Chinatown Chamber of Commerce-368 9th Street #290, Oakland
      6+1p To reward a school or nonprofit organization for its contributions to the community
      Promote business in the Asian community

4. Verification
   Heather Cartwright
   Supervisor's Assistant
   07/30/19

Comment:
# Agency Report of:

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

## 1. Agency Name

Alameda County

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

Board of Supervisors

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

Heather Cartwright

**Area Code/Phone Number**

(510) 272-6693

**E-mail**

heather.cartwright@acgov.org

## 2. 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** $25

**Date(s)** 07 / 27 / 19

**If no:** Oakland A's

**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>
</table>

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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullock, Jennifer</td>
<td>2</td>
</tr>
<tr>
<td>Krainer, Anne</td>
<td>2</td>
</tr>
</tbody>
</table>

**Checklist:**

- To promote attendance... event held at a County facility...
- Maximize potential County revenue...

## 4. Verification

- **Heather Cartwright**
- **Supervisor's Assistant**

Comment:

18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
## 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:** KIYI Summer Jam Concert

**Face Value of Each Ticket/Pass:** $100.00

**Date(s):** 07/28/19

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

**If no:** Golden State Warriors

**Name of Source:** Chan, Wilma

**If yes:** Chan, Wilma

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

### 3. Recipients

*Use Section A to identify the agency’s department or unit.*

*Use Section B to identify an individual.*

*Use Section C to identify an outside organization.*

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

<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></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

#### 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>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

**Deputy Sheriff's Activities League, 16335 E 14th St, San Leandro, CA 94578**

**Youth sports/activities league in unincorporated Alameda County**

### 4. Verification

- **Heather Cartwright**
  - **Print Name**
  - **Supervisor's Assistant**
  - **Title**

**(Month, Day, Year):** 7/05/19

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ 27
   Event Description Baseball game
   Date(s) 07 / 28 / 19
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor's Assistant 7/26/19
   (Month, Day, Year)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Heather Cartwright

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

Date Stamp

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

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

Event Description Baseball game

Provide Title/Explanation

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

Date(s) 07 / 30 / 19

If no: Oakland A’s

If yes: Chan, Wilma

Name of Source Official’s Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Bay Innovations - 2450 Washington Avenue Suite 240 San Leandro, 94577</td>
<td>6+1p</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

| Support individuals with disabilities to live, work independently |

4. Verification

Heather Cartwright Supervisor's Assistant
Print Name Title

Comment:

Form FPPC 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, Fourth District
- Designated Agency Contact (Name, Title): Nathan Miley, Supervisor, Fourth District
- Area Code/Phone Number: (510) 272-6694
- E-mail: austin.bruckner@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) 7 / 3 / 19
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑️
- If no: OACCA
- Name of Source
- Was ticket distribution made at the behest of agency official? Yes ☑️ No ☐
- If yes: Miley, Nathan

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

#### A. Name of Agency, Department or Unit
- Number of Ticket(s)/Passes: 4
- Describe the public purpose made pursuant to the agency’s policy: To increase attendance... maximize profits at an event hosted in a county facility

#### B. Name of Individual (Last, First)
- Number of Ticket(s)/Passes
- 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)/Passes
- 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 Sections 18944.1 and 18942.

Nathan Miley  
Print Name: Nathan Miley  
Supervisor, Fourth District  
Title:  
Date: 8/1/19  
(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  austin.bruckner@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
   Date(s) 7 / 4 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: OACCA
   If yes: Miley, Nathan
   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)/ Passes  Describe the public purpose made pursuant to the agency’s policy
      To increase attendance... maximize profits at an event hosted in a county facility
   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 (Oakland, CA)  4  To increase attendance... maximize profits at an event hosted in a county facility

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: ________________________________

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 austin.bruckner@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: Oakland A’s
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $ _______________
   Date(s) 7 / 12 / 19
   If no: OACCA
   Name of Source
   If yes: Miley, Nathan
   Official’s Name (Last, First)

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

   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:
   To reward a county employee for his or her service to the community...to increase attendance.
   Bruckner, Austin 4

   Reyes, Fernando 2

   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.

   Signature of Agency Head or [ ] Nathan Miley Print Name Supervisor, Fourth District Title [ ] 8/1/19 (month, day, year)

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

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

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kamer, Asa</td>
<td></td>
<td>2</td>
<td>To reward a county employee for his or her service to the community... to increase attendance.</td>
</tr>
<tr>
<td>Miley, Nathan</td>
<td></td>
<td>1</td>
<td>To increase attendance... maximize profit at an event hosted in a county facility</td>
</tr>
<tr>
<td>Alexander, Toni</td>
<td></td>
<td>1</td>
<td>To increase attendance... maximize profit at an event hosted in a county facility</td>
</tr>
<tr>
<td>Armstrong, Erin</td>
<td></td>
<td>2</td>
<td>To reward a county employee for his or her service to the community... to increase attendance.</td>
</tr>
</tbody>
</table>

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Shawn Mendez
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) 7 / 13 / 19
If no: OACCA
Name of Source: Miley, Nathan
Official's Name (Last, First): ________

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

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:
Gums, Angelica | 4 | Ceremonial Role ☐ Other ☐ Income ☐
To reward a county employee for his or her service to the community... increase attendance
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Nathan Miley
Signature of Agency Head or Designee
Print Name
Supervisor, Fourth District
Title
8/1/19
(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: austin.bruckner@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 ☐
   Face Value of Each Ticket/Pass: $__________
   Date(s): 7/13/19
   If no: OACCA
   Name of Source
   If yes: Miley, Nathan
   Official's Name (Last, First)

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

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:
   To increase attendance... maximize profit at an event hosted in a county facility
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

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

Signature of Agency Head or Designee: Nathan Miley
Print Name

Supervisor, Fourth District: Nathan Miley
Title

Date: 8/1/19
(month, day, year)

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, Fourth District
   Designated Agency Contact (Name, Title)
   Nathan Miley, Supervisor, Fourth District
   Area Code/Phone Number: (510) 272-6694
   E-mail: austin.bruckner@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
   Date(s): 7/14/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: OACCA 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(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zernicke, Mary Louise</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 increase attendance... maximize profit at an event hosted in a county facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<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 Print Name
Supervisor, Fourth District Title
8/1/19 (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 austin.bruckner@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) 7 / 16 / 19 __________
If no: OACCA
If yes: Miley, Nathan:

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

A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy
Public Health Department 4 To increase attendance... maximize profit at an event hosted in a county facility... to reward county employees for ... service to the community

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

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

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

Signature of Agency/Read or Designee:
Nathan Miley
Print Name
Supervisor, Fourth District
Title
8/1/19 (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
   austin.bruckner@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) 7/17/19
   If no: OACCA
   Name of Source
   If yes: Miley, Nathan
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<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>Mosley, May</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit at an event hosted in a county facility</td>
</tr>
<tr>
<td>Tangren, Linda</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit at an event hosted in a county facility</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.

Signature of Agency Head or Designee

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

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

<table>
<thead>
<tr>
<th>Agency Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</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>
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</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>Eggman, Mary Lou</td>
<td>12</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit at an event hosted in a county facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $ __________
   Event Description: Oakland A's
   Date(s) 7 / 25 / 19
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: OACCA
   If yes: Miley, Nathan

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

<table>
<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</th>
<th>Number of Ticket(s)/PASSES</th>
<th>Ceremonial Role [x] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higgins, Christopher</td>
<td>4</td>
<td>To increase attendance... maximize profit at an event hosted in a county facility</td>
</tr>
<tr>
<td>Harrison, Nathan</td>
<td>4</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit at an event hosted in a county facility</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>Hayward Arts Commission (Hayward, CA)</td>
<td>10</td>
<td>To increase attendance... maximize profit at an event hosted in a county facility</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 of Agency Head or Designee: Nathan Miley
   Print Name: Nathan Miley
   Supervisor, Fourth District
   Title: Supervisor, Fourth District
   8/1/19
   (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
   (510) 272-6694  austin.bruckner@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) 7/26/19
   If no: OACCA
   If yes: Miley, Nathan

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

<table>
<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>Public Health Department</td>
<td>2</td>
<td>To increase attendance... maximize profit at an event hosted in a county facility</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</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 of Agency Head or: 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
   austin.bruckner@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) 7/27/19
   If no: OACCA
   Name of Source
   If yes: Miley, Nathan
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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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<tr>
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<td></td>
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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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chew, Chonita</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To increase attendance... maximize profit at an event hosted in a county facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
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</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
8/1/19 (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 austin.bruckner@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) 7 / 28 / 19
   If no: OACCA
   Name of Source
   If yes: Miley, Nathan
   Official's Name (Last, First)

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

   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
   Full Court Press (Oakland, CA) 4 To increase attendance... maximize profit at an event hosted in a county facility

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

   Signature of Agency Head or Designee

   Nathan Miley
   Print Name
   Supervisor, Fourth District
   Title
   8/1/19 (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 austin.bruckner@aogov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Face Value of Each Ticket/Pass $________
Event Description: Summer Jam
Date(s) 7/28/19/________
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: OACCA
Name of Source: Miley, Nathan
Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
If yes: Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<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>Jones, La Niece</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 reward a community volunteer for his or her service to the community... increase attendance</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.

Signature of Agency Head or Designee: [ ]
Nathan Miley [ ]
Print Name
Supervisor, Fourth District [ ]
Title 8/1/19 (month, day, year)

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

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

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

   Face Value of Each Ticket/Pass $ 17.00
   Date(s) 07/02/19
   If no: Oakland Athletics Baseball
           Name of Source
   If yes: __________________________
           Official's Name (Last, First)

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 ☒

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

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

   C. Name of Outside Organization (include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy
   Pints for Paws 4
   To reward a school or nonprofit organization for its contributions to the community

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

Comment: __________________________

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Briana Brown

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description  A's vs. Twins
   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 $ 17.00
   Date(s)  07 / 04 / 19
   If no: Oakland Athletics Baseball
   Name of Source
   If yes: Official's Name (Last, First)

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

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

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

4. Verification
   I hereby certify under penalties of perjury, pursuant to 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
   (Last, First)  Title
   7/30/19

   Comment: Parking Pass: $20.00
### 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)**
Amy Shrago

**Area Code/Phone Number**
510-272-6695

**E-mail**
amy.shrago@acgov.org

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

**Event Description**
GOT 7

**Face Value of Each Ticket/Pass**
$160.00

**Date(s)**
07 10 19

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

**If yes:**
Golden State Warriors

**Name of Source**

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

**If yes:**
Carson, Keith

#### 3. Recipients

- **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>Mathatse, Julian</td>
<td>4</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

<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.

I, [Signature]

Amy Shrago

Chief of Staff

Date: 08/01/19

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

### 1. Agency Name
Alameda County

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

Board of Supervisors

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

*Briana Brown*

**Area Code/Phone Number**
(510) 272-6618

**E-mail**
briana.brown2@acgov.org

### 2. Function or Event Information

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

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

**Event Description** Baseball game

**Provide Title/Explanation**

**Date(s)** 07/12/19

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

**If no: Oakland Athletics Baseball**

**Name of Source**

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

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

### 3. Recipients

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (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 [x] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

|                                  |                             | Ceremonial Role [x] Other [ ] Income [ ] |
|                                  |                             | Ceremonial Role [x] Other [ ] Income [ ] |

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

#### 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>Yu Ming</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 verified that the distribution set forth above, is in accordance with the requirements.

*Briana Brown*

**Print Name**

**Supervisor’s Assistant**

**Title**

(Month, Day, Year)

7/30/19

**Comment:**

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

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)
   Amy Shrago
   Area Code/Phone Number 510-272-6695
   E-mail amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $130.00
   Event Description SHAWN MENDES
   Provide Title/Explanation
   Date(s) 07/13/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   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:
      To reward a community volunteer for his or her service to the public
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago 08/01/19
   Chief of Staff (Month, Day, Year)
   Signature
   Print Name
   Title

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Briana Brown

Area Code/Phone Number E-mail
(510) 272-6618 briana.brown2@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 [x] No [ ]

Event Description A's vs. White Sox

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Oakland Athletics Baseball

Name of Source

Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
If yes: ____________________________

Official’s Name (Last, First)

Face Value of Each Ticket/Pass $ __________
Date(s) 07 / 14 / 19

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

A. Name of Agency, Department or Unit
Number of Ticket(s)/
Pass(es)
D5 4

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

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

Identify one of the following:
Ceremonial Role [ ] Other [ ] Income [ ]

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

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

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

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

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

Parking Pass: $20.00

Comment: ____________________________

Supervisor’s Assistant

(Piot Name)

Title

(Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: A's vs. Rangers
   Face Value of Each Ticket/Pass $24.00
   Date(s): 07/17/19
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Name of Source: Oakland Athletics Baseball
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   If yes: 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:
   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 reviewed and understand FPPC Provisions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Briana Brown
   Supervisor's Assistant
   Signature of Agency Head or Designee
   Comment: Parking Pass: $20.00
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Amy Shrago, Chief of Staff

Area Code/Phone Number (510) 272-6695
E-mail amy.shrago@acgov.org

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

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

Event Description A's Baseball

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Athletics

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Carson, Keith - Supervisor District 5

Face Value of Each Ticket/Pass $ 24.00
Date(s) 07 / 26 / 19

3. Recipients

A. Name of Agency, Department or Unit
District 5

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
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.

Amy Shrago
Chief of Staff
08/01/19

Comment: 

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

1. Agency Name
   Alameda County

   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago, Chief of Staff
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@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 A's Baseball 07/27/19
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakland Athletics
   If yes: Carson, Keith - Supervisor District 5
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ Offical’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 ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To reward a community volunteer for his or her service to the public

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Include address and description
      Describe the public purpose made pursuant to the agency’s policy
      Lend A Hand Foundation 8105 Capwell Dr, Oakland, CA 94621
      To reward a school or nonprofit organization for its contributions to the community

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.

   Amy Shrago
   Chief of Staff
   Title
   Date 08/01/19

   Comment:

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

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number 510-272-6695
E-mail amy.shrago@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 KMEL Summer Jam
Provide Title/Explanation
Date(s) 07 / 28 / 19
Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official? No □ Yes ☑
If yes: Carson, Keith
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
District 5 4 To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

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

Amy Shrago
Chief of Staff
08/01/19
(Month, Day, Year)

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

1. Agency Name
   Alameda County

   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago, Chief of Staff

   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@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 A's Baseball
   Provide Title/Explanation
   Date(s) 07 / 31 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit

   Number of Ticket(s)/Pass(es)

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

   B. Name of Individual (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

   Claremont Middle School 5750 College Ave, Oakland, CA 94618
   18
   To reward a school or nonprofit organization for its contributions to the community

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

   Amy Shrago
   Chief of Staff
   08/01/19

Comment: