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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $17.00
Event Description: Oakland A's game
Date(s) 08/01/19
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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eddy, Derek</td>
<td>4</td>
<td>To reward a Community volunteer for his or her service to the public.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</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 Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

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 $1500.00
Event Description: Oakland A's game
Date(s) 08 / 03 / 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

Washington Hospital Healthcare Foundation
2500 Money Ave, Fremont CA
94538
1 Suite
To reward a school or non-profit organization for its contributions to the community

4. Verification
I have verified that the distribution set forth above, is in accordance with agencies/department policies 18944.1 and 18942.

Leah Doyle-Stevens
Print Name
Ticket Administrator
Title
08/26/19
(month, day, year)

Comment: Event proceeds go to charities in the Alameda County / Bay Area region
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

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

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

Area Code/Phone Number 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 Filling: (month, day, year)

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) 08 / 04 / 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
   Alameda County Board of Supervisors, District 1 4 To reward a county employee for his or her exemplary service to the public

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

   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
   ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

   Leah Doyle-Stevens Ticket Administrator 08/26/19
   Print Name Title (month, day, year)

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

### 1. Agency Name

- **Alameda County**
- **Board of Supervisors, District 1**
- **Designated Agency Contact (Name, Title)**
  - Leah Doyle-Stevens, Ticket Administrator

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>510-272-6691</td>
<td><a href="mailto:Leah.Doyle-Stevens@acgov.org">Leah.Doyle-Stevens@acgov.org</a></td>
</tr>
</tbody>
</table>

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Face Value of Each Ticket/Pass $17.00**
- **Event Description:** Oakland A's game
- **Date(s):** 08 / 15 / 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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Brent Smith</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>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
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<td></td>
</tr>
</tbody>
</table>

### 4. Verification

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

<table>
<thead>
<tr>
<th>Leah Doyle-Stevens</th>
<th>Ticket Administrator</th>
<th>08/27/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Title</td>
<td>(month, day, year)</td>
</tr>
</tbody>
</table>

**Comment:** All proceeds will benefit the DSA of Alameda County Charitable Foundation

---

**FPCC Form 802 (2/2016)**
**FPCC Toll-Free Helpline: 866/ASK-FPCC (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

Face Value of Each Ticket/Pass $45.00

Date(s) 08/15/19

If yes: Haggerty, Scott

Official's Name (Last, First)

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

Event Description: Oakland A's game

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

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

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

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
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<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Illingsworth and family (9)</td>
<td>9</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>Bob Bishop, Livermore Little League team + coaches (9)</td>
<td>9</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)/Passes</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I, Leah Doyle-Stevens, Ticket Administrator, certify that the distribution set forth above, is in accordance with regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with regulations 18944.1 and 18942.

Leah Doyle-Stevens  Ticket Administrator  08/27/19

(month, day, year)

Comment: All proceeds will benefit the DSA of Alameda County Charitable Foundation
**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**

---

**1. Agency Name**
Alameda County

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

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

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

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

---

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes [x] No [x]
- **Face Value of Each Ticket/Pass** $45.00
- **Event Description:** Oakland A's game
- **Date(s)**
  - 08/16/19
  - __/__/____
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [x]
- **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>A. Name of Agency, Department or Unit</th>
<th>B. Name of Individual (Last, First)</th>
<th>C. Name of Outside Organization (include address and description)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>McKay Bell</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

- To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
- Ceremonial Role [ ] Other [ ]
- Income [ ]

**Income**

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

---

**4. Verification**

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

**Leah Doyle-Stevens**
Print Name

**Ticket Administrator**
Title

**08/26/19**
(mount, day, year)

---

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $24.00
Event Description: Oakland A's game
Date(s) 08 / 16 / 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
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>
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<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></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 Healthcare for the Homeless 1000 San Leandro Blvd #329</td>
<td>4</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Leah Doyle-Stevens
Ticket Administrator
08/26/19 (month, day, year)

Comment: Event proceeds go to charities in the Alameda County Bay Area region
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors, District 1
   Leah Doyle-Stevens, Ticket Administrator

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

   Date Stamp
   California Form 802
   For Official Use Only

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 24.00
   Event Description: Oakland A's game
   Date(s) 08 / 18 / 19
   Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
   If no: ________________________________
   Name of Source: Haggerty, Scott
   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>
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<tr>
<th>Name of Agency, Department or Unit</th>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
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<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purple Orchid Inn 4549 Cross Rd/ Livermore, CA 94550</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>

4. Verification
   I have verified that the distribution set forth above, is in accordance with regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with 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
   08/27/19  (month, day, year)

   Comment: All proceeds will benefit the DSA of Alameda County Charitable Foundation

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

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

Area Code/Phone Number
510-272-6691

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

Date Stamp

California Form 802
For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 1500.00

Date(s) 08 / 20 / 19

Event Description: Oakland A's game

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/PASSES</th>
<th>Identify one of the following:</th>
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<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>
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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>Alameda County DSA Charitable Foundation 1401 Lakeside Dr., 12th Floor, Oakland 94612</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 verified that the distribution set forth above, is in accordance with law.

Leah Doyle-Stevens
Ticket Administrator
08/26/19

Comment: All proceeds will benefit the DSA of Alameda County Charitable Foundation

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

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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 $27.00

Event Description: Oakland A's game

Date(s) 08/20/19

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.

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<tr>
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<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seegers and Sons 3687 Old Santa Rita Rd/Pleasanton, CA 94588</td>
<td>4</td>
<td>To reward a Community volunteer for his or her service to the public.</td>
</tr>
</tbody>
</table>

4. Verification

I have verified that the distribution set forth above, is in accordance with Sections 18944.1 and 18942. All proceeds will benefit the DSA of Alameda County Charitable Foundation.

Leah Doyle-Stevens Ticket Administrator 08/27/19
Print Name Title (month, day, year)

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

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

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☒ No ☐
Face Value of Each Ticket/Pass $27.00
Event Description: Oakland A’s game
Date(s) 08 / 22 / 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.

<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>Hutchins, Henry</td>
<td>4</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

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

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

Leah Doyle-Stevens
Ticket Administrator
08/27/19 (month, day, year)

Comment: All proceeds will benefit the DSA of Alameda County Charitable Foundation
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $45.00
Event Description: Oakland A’s game
Date(s) ☑ 08 / 24 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: ___________________________
If yes: ___________________________
Name of Source
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Board of Supervisors, District 1</td>
<td>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>Clouser, Jason</td>
<td>6</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>Archuleta, Ben</td>
<td>2</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>

<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 Barbershop 2027 3rd St/Livermore, CA 94550</td>
<td>4</td>
<td>To reward a Community volunteer for his or her service to the public.</td>
</tr>
</tbody>
</table>

4. Verification
I have verified that the distribution set forth above, is in accordance with sections 18944.1 and 18942.
Leah Doyle-Stevens
Ticket Administrator
Print Name
Title
08/29/19 (month, day, year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 43.00
Event Description: Oakland A's game
Date(s) 08 / 25 / 19
If no: Name of Source
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>
</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>Livermore Chamber of Commerce 2157 1st St/ Livermore, CA 94550</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>

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

Leah Doyle-Stevens
Ticket Administrator
08/29/19

Comment: All proceeds will benefit the DSA of Alameda County Charitable Foundation

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## 1. Agency Name

- **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**: 510-272-6691
  - **E-mail**: Denise.Jacinto@acgov.org

## 2. Function or Event Information

- **Does the agency have a ticket policy?**: Yes [x] No [ ]
- **Face Value of Each Ticket/Pass**: $305.55
- **Event Description**: Oakland Raiders game
  - **Date(s)**: 08/10/19
- **Ticket(s)/Pass(es) provided by agency?**: Yes [x] No [ ]
- **Was ticket distribution made at the behest of agency official?**: Yes [x] No [ ]

## 3. Recipients

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

<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>Brockman, Sue</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 [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

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

- **Denise Jacinto**: Print Name
- **Ticket Administrator**: Title
- **Date of Title**: 09/04/19 (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)**
Denise Jacinto, Ticket Administrator

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

**E-mail**
Denise.Jacinto@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:** $154.75
- **Event Description:** Banda MS
- **Date(s):** 08/10/19
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
- **Name of Source:**
- **Official's Name (Last, First):** Haggerty, Scott

---

**3. Recipients**

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

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

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Corona, Maria Dejesus Ival</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>

<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>
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<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.

- **Denise Jacinto**
  - 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)  
Denise Jacinto, Ticket Administrator  
Area Code/Phone Number  
510-272-6691  
E-mail  
Denise.Jacinto@acgov.org  

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☑ No ☐  
Face Value of Each Ticket/Pass $ 85.50  
Event Description:  Jojo Siwa D.R.E.A.M. Tour  
Date(s) 08 / 14 / 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>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>

| Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:  
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:  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sargiotto, Alicia</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification  
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  
  
Denise Jacinto  
Ticket Administrator  
09/05/19  

Comment:  

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

1. **Agency Name**
   Alameda County

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

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

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

2. **Function or Event Information**
   **Does the agency have a ticket policy?**
   Yes ☑ No ☐
   **Face Value of Each Ticket/Pass** $36
   **Event Description**
   Oakland A's vs. St. Louis Cardinals
   **Date(s)** 08 / 03 / 19
   **If no:** Oakland Athletics
   **Name of Source**

   **Ticket(s)/Pass(es) provided by agency?**
   Yes ☐ No ☑
   **If yes:** Valle, Richard- Supervisor District 2
   **Official's Name (Last, First)**

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

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

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

   **B. Name of Individual**

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the organization's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saint Rose Hospital Foundation 27200 Calaroga Ave, Hayward, CA 94545</td>
<td>☑</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>The St. Rose Hospital Foundation helps St. Rose Hospital carry out its mission by raising the necessary resources needed to meet the hospital's current and future needs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   **Gabriela Christy**
   **Supervisor's Assistant**
   **Print Name**
   **Title**
   **Date** 12/04/2014

   **Comment:** Raffled tickets off at Fund raiser
**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   Alameda County

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

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

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

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

   **Date Stamp**
   California Form 802

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description**
     Oakland A's vs. St. Louis Cardinals
   - **Face Value of Each Ticket/Pass $**
     45/20
   - **Date(s)**
     06 / 04 / 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**
   - **A. Name of Agency, Department or Unit**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency's policy**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Rotary Club</td>
<td>10/3</td>
<td></td>
</tr>
</tbody>
</table>

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

   **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 $305.55
   Event Description
   Oakland Raiders vs. LA Rams
   Date(s) 08 / 10 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Valle, Richard- Supervisor District 2
   If no: Oakland Athletics
   Name of Source
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, John</td>
<td>3/1</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

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<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy
Print Name
Supervisor's Assistant
Title
Date (Month, Day, Year)
9/26/17

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Alameda County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td>Board of Supervisors</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td>Gabriela Christy</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>(510) 272-6692</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:Gabriela.Christy@acgov.org">Gabriela.Christy@acgov.org</a></td>
</tr>
</tbody>
</table>

**Date Stamp**

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

**Amendment** (Must provide explanation in Part 3)

**Date of Original Filing**

(Month, Day, Year)

---

**2. Function or Event Information**

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

Face Value of Each Ticket/Pass $ 154.75

Event Description  Banda MS De Sergio Lizarregga

Provide Title/Explanation

Date(s)  08 / 10 / 19

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

If no: Golden State Warriors

Name of Source

If yes: Valle, Richard- Supervisor District 2

Official's Name (Last, First)

---

**3. Recipients**

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

<table>
<thead>
<tr>
<th>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: Nature of Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lizzario, Rocio</td>
<td>4</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

  (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)
   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 JOJO Siwa
   Face Value of Each Ticket/Pass $85.50
   Date(s) 08 / 14 / 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:
   Schmidt, Arial 4 | Income ☐

   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   
   4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)

Comment:
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 $ 17/24
   Event Description Oakland A’s vs. Houston Astros
   Date(s) 08 / 15 / 19 08 / 18 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

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

   C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      National Night Out is an annual community-building campaign

      that promotes police-community partnerships and neighborhood
      camaraderie to make our neighborhoods safer, more caring
      places to live

4. Verification
   S 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: ____________________________

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

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description**: Oakland A's vs. Houston Astros
- **Face Value of Each Ticket/Pass $**: 45/20
- **Date(s)**: 08 / 16 / 19
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no**: Oakland Athletics
- **If yes**: Valle, Richard- Supervisor District 2

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

- **B. Name of Individual**
  - **Green**
  - **Number of Ticket(s)/Pass(es)**: 2
  - **To reward a community volunteer for his or her service to the public**
  - **If checking "Ceremonial Role" or "Other" describe below:**

- **C. Name of Outside Organization**
  - **National Night Out is an annual community-building campaign**
  - **Number of Ticket(s)/Pass(es)**: 2/1
  - **To reward a school or nonprofit organization for its contributions to the community**
  - **comaraderie to make our neighborhoods safer, more caring places to live**

#### 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 Christie**
  - Print Name
- **Supervisor's Assistant**
  - Title
  - (Month, Day, Year)

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

1. **Agency Name**
   Alameda County

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

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

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

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

   **Date Stamp**
   California Form 802

   **Amendment** (Must provide explanation in Part 3.)

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

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

   **Event Description**
   Oakland A's vs. Houston Astros

   **Face Value of Each Ticket/Pass** $ 34

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

   **If no:**
   Name of Source
   Oakland Athletics

   **Date(s)**
   08/17/19

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

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

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

3. **Recipients**
   
   * Use Section 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:**

   Income ☐

   Frausto, Marciano

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

   **Gabriela Christy**
   Print Name

   **Supervisor's Assistant**
   Title

   (Month, Day, Year)

   **Comment:**

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $45.20
Event Description Oakland Athletics vs Houston Astros
Date(s) 08 / 18 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland Athletics
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Valle, Richard - Supervisor District 2
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a school or nonprofit organization for its contributions to the community</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>Knights of Columbus-Union 32223 Caballo Street, City</td>
<td>18 / 3</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

Comment: ____________________________________________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Oakland A's vs. NY Yankees
   Date(s) 08 / 20 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 27
   If no: Oakland Athletics
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      To reward a school or nonprofit organization for its contributions to the community
      National Night Out is an annual community-building campaign that promo
      police-community partnerships and neighborhood camaraderie to make our neighborhoods safer, more caring places to live.

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
   7/26/19
   (Month, Day, Year)

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

1. **Agency Name**
   - Alameda County

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

3. **Designated Agency Contact (Name, Title)**
   - Gabriela Christy

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

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

6. **Date Stamp**
   - California Form 802
   - For Official Use Only

7. **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 $** 36/27
- **Event Description**
  - Oakland A's vs. NY Yankees
  - **Date(s)** 08/21/19 08/22/19

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

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ulloa, Jackie</td>
<td>2</td>
</tr>
<tr>
<td>Contreras, Alejandro</td>
<td>2</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></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
  - (Month, Day, Year) 9/26/19

### 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

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(510) 272-6692</td>
<td><a href="mailto:Gabriela.Christy@acgov.org">Gabriela.Christy@acgov.org</a></td>
</tr>
</tbody>
</table>

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Face Value of Each Ticket/Pass** $43
- **Event Description** Oakland A's vs. SF Giants
- **Date(s)** 08/24/19, 08/25/19
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **If no:** Oakland Athletics
- **If yes:** Valle, Richard- Supervisor District 2

**3. Recipients**

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Family Center 725 Whipple Rd, Union City, CA 94587</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Is a partnership of families, schools, community, and public and private organizations working together to promote “cradle to retirement” success.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**

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

- **Gabriela Christy**
- **Supervisor's Assistant**

**Print Name**

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

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 $17.00
Date(s) 09/01/19
If no: Oakland A's
If yes: Chan, Wilma
Name of Source
Official's Name (Last, First)

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

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

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

Heather Cartwright
Print Name
Supervisor's Assistant
Title
(Month, Day, Year)

Comment:
### 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

### 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 ☒  
**Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒  
**Face Value of Each Ticket/Pass $** $24.00  
**Date(s)** 08/16/19

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

### 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 Name:**  
**Number of Ticket(s)/Pass(es):** 2  
**Identify one of the following:**  
**Ceremonial Role** ☐ Other ☐ Income ☐  
**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 ☐  
**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**

### Verification

I have verified that the distribution set forth above, is in accordance with the requirements.  
Heather Cartwright ☒  
Supervisor’s Assistant ☐  
(______)  
(Month, Day, Year)  
(______)  
(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 ☑ No ☐
   Event Description
   Baseball game
   Face Value of Each Ticket/Pass $  $38 tix
   Date(s) 08 / 17 / 19
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑
   If no: Oakland A’s
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

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

4. Verification
   4.1 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  (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Baseball game
Face Value of Each Ticket/Pass $ 24 tix
Event(s) Provide Title/Explanation
Date(s) 08 / 18 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A’s
If yes: Chan, Wilma
Name of Source
Official’s Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit

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

B. Name of Individual

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lotus Bloom - 555 19th Street, Unit 131 Oakland, CA 94612</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Family resource center for underserved populations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Vérification
Heather Cartwright
Print Name
Supervisor’s Assistant
Title

Comment:

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

(5/4/2019)

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 ❌ 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 tix / $45 park
- **Date(s)**: 08 / 21 / 19

### If yes/No:
- **If no**: Oakland A's
- **If yes**: Chan, Wilma

## 3. Recipients

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

**B. Name of Individual**
- Identify one of the following:
  - **Ceremonial Role**: ☐
  - **Other**: ☐
  - **Income**: ☐
  - If checking "Ceremonial Role" or "Other" describe below:

**C. Name of Outside Organization**
- **San Leandro Chamber of Commerce**
  - **120 Estudillo Ave, SL, CA 94577**
  - **Number of Ticket(s)/Pass(es)**: 6+1P
  - **Describe the public purpose made pursuant to the agency's policy**: To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

## Certification

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

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

**Comment:**

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

1. Agency Name
   Alameda County
   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 Baseball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   If yes: Chan, Wilma
   Name of Source
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $36 tic / $45 park
   Date(s) 08 / 21 / 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:
   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-388 9th St Ste 290, 94607 6+1P To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
   Promote business in Asian community

4. Verification
   Heather Cartwright Supervisor’s Assistant
   Print Name Title (Month, Day, Year)

Comment:

9944. 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

FFPC Form 802 (4/12)
FFPC Toll-Free Helpline: 866/ASK-FFPC (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

Date Stamp

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $36 tix / $45 park
Event Description Baseball game
Date(s) 08 / 21 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
Ticket(s)/Pass(es) provided by agency?
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Chan, Wilma
Name of Source
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</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>Davis St Family Resource Center-3081 Teagarden Street, SL, CA 94577</td>
<td>6+1P</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Delivering supportive services to the low-income community</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
8/28/19
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
   Board of Supervisors
   Heather Cartwright

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 ☒
   Date(s) 08/24/19
   Face Value of Each Ticket/Pass $43 tix
   If no: Oakland A's
   If yes: Chan, Wilma

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

   B. Name of Individual
      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

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

4. Clarification

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

Comment:

8/28/19

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ $43 tx
Event Description Baseball game
Date(s) 08 / 25 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Chan, Wilma
Official's Name (Last, First)

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

<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>Joseph, Megan</td>
<td>2</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
</tbody>
</table>

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

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

Heather Cartwright
Print Name
Supervisor's Assistant
Title

Comment:

8/28/19

PPPC 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, 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 $ __________
Date(s) 8 / 4 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: OACCA
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Miley, Nathan
Name of Source Official’s Name (Last, First)

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

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

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

Nathan Miley Supervisor, Fourth District 9/1/19
Name Print Name Title (month, day, year)

Signature of Agency Head or Designee

Comment:

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: Banda MS de Sergio Lizarraga
Date(s) 8 / 10 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: OACCA
Name of Source
If yes: Miley, Nathan
Official's Name (Last, First)
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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

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

<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>Rodriguez, Coco</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the community... increase attendance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</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)/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: ___________________  (month, day, year) 9/11/19

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

Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Date(s) 8 / 15 / 19
If no: OACCA
Name of Source
If yes: Miley, Nathan
Official's Name (Last, First)
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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

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
Title
9/1/19
(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

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):** 8/17/19
   - **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></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>Turner, Matt</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

   - To increase attendance... maximize profit at an event hosted in a county facility... to reward a County Employee
   - Ceremonial Role ☐ Other ☐ Income ☐

<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  
   Supervisor, Fourth District  
   Print Name  
   Title  
   9/1/19  
   (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
Divison, 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) 8 / 18 / 19 __________
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: OACCA ☑
If yes: Miley, Nathan
Name of Source __________
Official's Name (Last, First) __________

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Department</td>
<td>4</td>
<td>To increase attendance... maximize profit at an event hosted in a county facility... to reward a county employee</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 Designee / Nathan Miley
Print Name
Supervisor, Fourth District
Title
9/1/19 (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 ☐

   **Event Description:** Oakland A's

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

   **Date(s)** 8 / 20 / 19

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

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

3. **Recipients**

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

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

   **Number of Ticket(s)/Passes**

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

   **B. Name of Individual**

   **Number of Ticket(s)/Passes**

   **Identify one of the following:**

   - Ceremonial Role ☐ Other ☐ Income ☐

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

   To reward a county employee (intern) for his or her service to the community

   **C. Name of Outside Organization**

   **Number of Ticket(s)/Passes**

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

4. **Verification**

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

   **Signature of Agency Head or Designee** Nathan Miley

   **Print Name**

   **Title** Supervisor, Fourth District

   **Date** 9/1/19

   **Comment:**

   FPPC Form 802 (2/2016)

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

1. Agency Name
   Alameda County
   Board of Supervisors, Fourth District
   Nathan Miley, Supervisor, Fourth District
   Area Code/Phone Number: (510) 272-6694
   E-mail: austin.bruckner@ac.gov.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) 8 / 22 / 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.

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 ☐
   Income ☐
   To reward a community volunteer... increase attendance... maximize profit at event hosted in county facility
   Ceremonial Role ☐ Other ☐ Income ☐
   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 ☑
   Nathan Miley
   Print Name
   Supervisor, Fourth District
   9/1/19 (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
   Designated Agency Contact (Name, Title)
   Briana Brown
   Area Code/Phone Number (510) 272-6618
   E-mail briana.brown2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 43.00
   Event Description Baseball game
   Event(s) 08 / 24 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics Baseball
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit: DISH 5
      Number of Ticket(s)/Pass(es): 4
      Describe the public purpose made pursuant to the agency’s policy

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

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

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

   Comment: 

   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 ☐
   Event Description A’s Baseball
   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 $ 36.00
   Date(s) 08 / 03 / 19
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   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
   Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy

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

   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
   Print Name  Title

   09/01/19
   (Month, Day, Year)

   Comment: ___________________________

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

1. Agency Name
   Alameda County
   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
   Event Description A's Baseball
   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 $ 36.00
   Date(s) 08 / 17 / 19
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   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
      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)
      Ceremonial Role Other Income
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (Include address and description)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role Other Income
      If checking "Ceremonial Role" or "Other" describe below:

4. Verification
   I have read and understand FPPC 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 09/01/19
   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)
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 $ 36.00
Event Description A's Baseball
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 08 / 21 / 19
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If no: Oakland Athletics
If yes: Carson, Keith - Supervisor District 5
Name of Source
Official's Name (Last, First)

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

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

B. (Name of individual)
Name of Ticket(s)/Pass(es)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☒ Income ☐
To reward a community volunteer for his or her service to the public
If checking "Ceremonial Role" or "Other" describe below:
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 □ 09/01/19
Print Name Title (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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
   Date(s) 08 / 22 / 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: Carson, Keith - Supervisor District 5

3. Recipients
   • Use Section 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
      Public Defender 9 To reward a County employee for his or her exemplary service to the public or to encourage staff development
      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:

   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 09/01/19
   Chief of Staff
   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)
   Amy Shrago, Chief of Staff
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@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 ☐
   Event Description  A's Baseball
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 43.00
   Date(s) 08 / 24 / 19
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)

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
   District 5
   4
   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.
   Amy Shrago  Chief of Staff
   09/01/19
   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)
   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
   Date(s) 08 / 25 / 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: Carson, Keith - Supervisor District 5

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

   B. Name of Individual
   Number of Ticket(s)/Pass(es)
   Ceremonial Role ☐ Other ☒ Income ☐
   Park, Caroline
   Bautista, Phoebe
   4
   2
   To reward a community volunteer for his or her service to the public

   Kinnon, Rachel
   7
   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 §§ 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago
   Chief of Staff
   Print Name
   Title
   09/01/19

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 E-mail
510-272-6695 amy.shrago@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 ☐  
Event Description  Jojo Siwa
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 $85.50  
Date(s) 08/14/19
If yes:  Name of Source  Golden State Warriors
If no:  Name of Source  Carson, Keith
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 5</td>
<td>4</td>
<td>To reward a County employee for her exemplary service to the public or to encourage staff development</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.

Amy Shrago  Chief of Staff  09/01/19
Print Name  Title  (Month, Day, Year)

Comment: ________________________________________________________________