

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California <b>Form 802</b> <small>For Official Use Only.</small>
Division, Department, or Region <i>(if applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Lee Ann Ferguson, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  Date of Original Filing: _____ <small><i>(month, day, year)</i></small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors/Raptors    Date(s) 10 / 25 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Raiders  
*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.

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 <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Passes	Identify one of the following:
	Vanessa Wieser, Sean Haggerty Brittney James, Michael Dambrosio	4/1	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales  Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C.	Name of Outside Organization <small><i>(include address and description)</i></small>	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

	Lee Ann Ferguson	Supervisors Assistant	10/19/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small><i>(month, day, year)</i></small>

Comment: \_\_\_\_\_

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Area Code/Phone Number 510-272-6691	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors Tickets Date(s) 10/27/17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Alameda County Supervisor Scott Haggerty, D1  
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:
<u>ELLIOT McCUNE</u>	<u>4</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input checked="" type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

	<u>Lee Ann Ferguson</u>	<u>Supervisor's Assistant</u>	<u>10/17/17</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

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**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors/Grizzlies Basketball Date(s) 12 / 30 / 17  
Provide Title/Explanation

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

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
MTC/BATA/ABAG 375 Beale St., Ste. 800 SF, CA 94105	4/1	To reward a School or Non-profit organization for its contributions to the community
lthompson@bayareametro.gov>		

**4. Verification**

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

Signature of Agency Head or Designee: Lee Ann Ferguson Ticket Administrator: \_\_\_\_\_ Date: 10/30/17  
Print Name Title (month, day, year)

Comment: to raise funds for the San Francisco Bay Trail, a planned 500-mile walking and cycling path

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510-272-6691	leeann.fergerson@acgov.org									
Date Stamp	<b>California Form 802</b>									
For Official Use Only										

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 60

Event Description: Disney on Ice    Date(s) 10 / 23 / 17  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: GSW  
*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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
CLERK OF THE BOARD	4	To reward a county employee for his or her exemplary servie to the public
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <i>(include address and description)</i>	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 regulations.*

Signature of Agency Head of Designee	<u>Lee Ann Ferguson</u> <small>Print Name</small>	<u>Ticket Administrator</u> <small>Title</small>	<u>10/23/17</u> <small>(month, day, year)</small>
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Comment: \_\_\_\_\_

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Area Code/Phone Number 510-272-6691	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 60.00

Event Description: Disney on Ice Date(s) 10 / 19 / 17  
Provide Title/Explanation

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

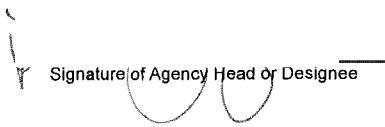
Was ticket distribution made at the behest of agency official? Yes  No  If yes: Haggerty, Scott  
Official's Name (Last, First)

**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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Clerk of the Board	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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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


 Signature of Agency Head or Designee
 Lee Ann Ferguson
 Print Name
 Ticket Administrator
 Title
 10/19/17
 (month, day, year)

Comment: \_\_\_\_\_

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<b>Area Code/Phone Number</b> 510-272-6691	<b>E-mail</b> leeann.fergerson@acgov.org	<b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors Basketball Date(s) 2 / 8 / 18 3 / 27 / 18  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: GSW  
*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.

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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
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C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
First Street Ale House 2106 First Street, Livermore CA 94550	8/2	To reward a non-profit organization for its contributions to the community

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

LEE ANN FERGERSON      Supervisors Assistant      10/18/17  
 Signature of Agency Head or Designee      Print Name      Title      *(month, day, year)*

Comment: Proceeds for Rooms of Hope, a non-profit org. that creates dream rooms for children with life threat. illnesses

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510-272-6691	leeann.fergerson@acgov.org									
Date Stamp	California Form <b>802</b>									
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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors vs Pistons/Basketball    Date(s) 10 / 29 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    Yes  No     If yes: Alameda County Supervisor Scott Haggerty, D1  
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:
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
GIVE TEENS 20 (GIVETEENS20) 7100 Stevenson Bl., #108 Fremont, CA 94538	4/1	To reward a non-profit organization for its contributions to the community

**4. Verification**

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

_____ <small>Signature of Agency Head or Designee</small>	Lee Ann Ferguson <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	10/12/17 <small>(month, day, year)</small>
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Comment: All in White Masquerade Night fundraiser for GT20's in-class presentations and coaching programs. GT20.org

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<b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>												

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors vs Miami    Date(s) 11 / 06 / 17  
*Provide Title/Explanation*

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

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Alameda County Supervisor Scott Haggerty, D1  
*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 <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
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C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Fremont Elks Lodge No. 2121 B.P.O.E. 38991 Farwell Dr., Fremont, CA 94536-4532		To reward a non-profit organization for its contributions to the community

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

Signature of Agency Head or Designee _____ <small>Lee Ann Ferguson</small>	Print Name _____ <small>Lee Ann Ferguson</small>	Supervisor's Assistant _____ <small>Supervisor's Assistant</small>	Title _____ <small>10/12/17</small> <i>(month, day, year)</i>
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Comment: Fremont Elks Casino Night fundraiser to benefit handicapped children.



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**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors/Mavericks Basketball Date(s) 12 / 14 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Alameda County Supervisor Scott Haggerty, D1  
Official's Name (Last, First)

**3. Recipients**

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

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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Tri-Valley Conservancy 1457 First Street, Livermore, CA 94550	4/1	To reward a non-profit organization for its contributions to the community
<u>TriValleyConservancy.org</u>		

**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: Lee Ann Ferguson Supervisor's Assistant: \_\_\_\_\_  
Print Name Title

10/12/17  
(month, day, year)

Comment: A fundraiser to help support the conservancy, "Preserve Land, Connect Communities, Enrich Life"

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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors Tickets / Lakers    Date(s) 12, 22, 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Alameda County Supervisor Scott Haggerty, D1  
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 <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>WASHINGTON HOSPITAL</u> <u>2000 Mowry Ave</u> <u>Fremont CA 94538</u>	<u>20/4</u>	To reward a school or non-profit organization for its contributions to the community

**4. Verification**

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

Lee Ann Ferguson	Supervisor's Assistant	10/12/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small> <small>(month, day, year)</small>

Comment: BLACK TIE FUNDRAISER to benefit and support Cancer patients treated in the Radiation Oncology Center  
angus.cochran@whhs.com 510-291-3428

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Supervisor's Assistant			
Area Code/Phone Number 510-272-6691	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> 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 \$ 304.80

Event Description: Warriors Tickets / magic Date(s) 11, 13, 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Alameda County Supervisor Scott Haggerty, D1  
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
<u>S.A.V.E. Safe Alternatives to violent environments</u> <u>1900 Mowry Avenue Ste 201</u> <u>Fremont, CA 94538</u>	<u>4</u>	To reward a school or non-profit organization for its contributions to the community

**4. Verification**

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

Signature of Agency Head or Designee: \_\_\_\_\_ Lee Ann Ferguson \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 10-11-17  
Print Name Title (month, day, year)

Comment: Save provides alternatives to domestic violence through support services, advocacy and education Assists domestic violence victims and their families. For their fundraiser

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**

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Supervisor's Assistant			
Area Code/Phone Number 510-272-601	E-mail Leeann.fergerson@acgov.org	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 304.80

Event Description: Basketball - Hornets Date(s) 01 / 27 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Alameda County Supervisor Scott Haggerty, D1  
Official's Name (Last, First)

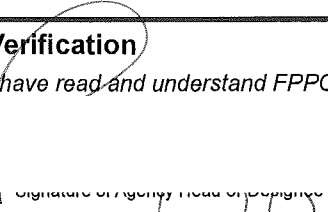
**3. Recipients**

• 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 Deputy Sheriff's Assn. (DSA)	20/4	To reward a county employee for their exemplary service to the public
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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


 \_\_\_\_\_ Lee Ann Ferguson \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 10/10/17 \_\_\_\_\_  
Print Name Title (month, day, year)

Comment: Alamedadsa.com Fundraiser item.

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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region <i>(if applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Lee Ann Ferguson, Ticket Administrator Area Code/Phone Number      E-mail 510-272-6691                      leeann.fergerson@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  Date of Original Filing: _____ <span style="font-size: small;">(month, day, year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 305.55

Event Description: Raiders/Chiefs Football      Date(s) 10 / 19 / 17  
Provide Title/Explanation

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

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 <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
Gonzales, Rafael	4/1	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales  Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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*

_____ <small>Signature of Agency Head or Designee</small>	Lee Ann Ferguson <small>Print Name</small>	Supervisors Assistant <small>Title</small>	10/19/17 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Ticket Administrator			
Area Code/Phone Number 510-219-6562	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> 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 \$ 304.80

Event Description: Warriors/Kings Basketball Date(s) 03 / 16 / 17  
Provide Title/Explanation

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

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Jody Amos, Amos Productions	4/1	To reward a school or non-profit organization for its contributions to the community
5715 Southfront Road, Ste C1, Livermore, CA 94551		

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

Signature of Agency Head or Designee: Lee Ann Ferguson Ticket Administrator: \_\_\_\_\_ Date: 10/25/17  
Print Name Title (month, day, year)

Comment: www.amospro.com for Altamont Creek Elementary School, Livermore donation request letter  
a large percentage of the students of the school have limited english proficiency. A public elementary school.  
@500 Garaventa Ranch Road, Livermore, CA 94551  
A fundraiser

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Supervisor's Assistant			
Area Code/Phone Number 510-272-6691	E-mail leeann.fergerson@acgov.org	<input checked="" type="checkbox"/> <b>Amendment</b> (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 \$ 304.80

Event Description: Warriors Tickets / Kings Grizzlies Date(s) 11/27, 17 12/20/17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Alameda County Supervisor Scott Haggerty, D1  
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
<u>Sunflower Hill</u> <u>Moonlight in the Vines</u> <u>P.O. Box 11436</u> <u>Pleasanton, CA 94588</u>	<u>4/1</u>	To reward a school or non-profit organization for its contributions to the community

**4. Verification**

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

\_\_\_\_\_ Lee Ann Ferguson \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 10-11-17  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: info@sunflowerhill.org

fundraiser: To develop a community for individuals with special needs that provides for life-long residency options in the Bay Area - ensuring quality of life, individual choice and an "intentional community" embraced by the larger neighborhood/city/region.

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**

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 510-272-6691	E-mail leeann.fergerson@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors vs Nuggets/Basketball Date(s) 01 / 08 / 18  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Alameda County Supervisor Scott Haggerty, D1  
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
BIKE EAST BAY, ATTN: Biketopia P.O. Box 1736 Oakland, CA 94604	4	To reward a non-profit organization for its contributions to the community

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

Signature of Agency Head or Designee: Lee Ann Ferguson Supervisor's Assistant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 10/12/17  
Print Name (month, day, year)

Comment: bikeeastbay.org Our donation supports BEB's vision of all people of all ages and abilities biking for everyday transportation, for exercise and for fun in the East Bay, Biketopia  
fundraiser



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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson			
Area Code/Phone Number 510-272-6691	E-mail Leeann.fergerson@acgov.org	<input type="checkbox"/> 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 \$ 304.80

Event Description: Warriors/Clippers Basketball Date(s) 02 / 22 / 18  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Alameda County Supervisor Scott Haggerty, D1  
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
East Bay Community Energy - EBCE 224 W. Winton Ave., Hayward, CA 94544	4/1	To reward a non-profit organization for its contributions to the community.

**4. Verification**

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

Signature of Agency Head or Designee: Lee Ann Ferguson Supervisor's Assistant: \_\_\_\_\_ Date: 10/13/17  
Print Name (month, day, year)

Comment: https://www.hayward-ca.gov These tickets are to benefit UCSF Childrens Hospital

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Supervisor's Assistant			
Area Code/Phone Number 510-272-6691	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> 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 \$ 304.80

Event Description: Warriors Tickets / Knucks Date(s) 1/23/18  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Alameda County Supervisor Scott Haggerty, D1  
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
<u>East Bay Innovators</u> <u>2450 Washington Ave # 240</u> <u>San Leandro, CA 94577</u>	<u>4/1</u>	To reward a school or non-profit organization for its contributions to the community

**4. Verification**

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

Signature of Agency Head or Designee: \_\_\_\_\_ Lee Ann Ferguson \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 10-11-17 \_\_\_\_\_  
Print Name Title (month, day, year)

Comment: eastbayinnovations.org For fundraiser

The proceeds from this item will be used to address the needs of individuals with autism, Down Syndrome, Cerebral Palsy and other developmental disabilities as well as adults who have become disabled as a result of health crisis, accidents and acts of violence.

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson			
Area Code/Phone Number 510-272-6691	E-mail Leeann.fergerson@acgov.org	<input type="checkbox"/> 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 \$ 304.80

Event Description: Warriors basketball/Timberwolves Date(s) 01 / 25 / 18  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Alameda County Supervisor Scott Haggerty, D1  
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Safe Alternatives to Violent Environments S.A.V.E. 1900 Mowry Ave, Fremont CA 94538	4/1	To reward a non-profit organization for its contributions to the community.

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

\_\_\_\_\_ Lee Ann Ferguson \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 10/13/17  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: info@save-dv.org Fundraising item for their event **SAVE** Provides alternatives to domestic violence through support services, advocacy and education. Assists domestic violence victims and their families. Fundraiser: An evening of Empowerment.

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Supervisor's Assistant			
Area Code/Phone Number 510-272-6691	E-mail Leeann.fergerson@acgov.org	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors/Hornets    Date(s) 12 / 29 / 17  
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Alameda County Supervisor Scott Haggerty, D1  
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
	Teamsters Local 856	4	To reward a school or non-profit organization for it's contributions to the community

**4. Verification**

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

\_\_\_\_\_ Lee Ann Ferguson \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 10/10/17  
Print Name Title (month, day, year)

Comment: Raffle item for the solidarity & hardship fund. Helping members in financial need.

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

**A Public Document**

<b>1. Agency Name</b>		<b>Date Stamp</b>	<b>California Form 802</b>
Alameda County			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
Board of Supervisors			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Lee Ann Ferguson, Ticket Administrator		<b>Date of Original Filing:</b> _____ (month, day, year)	
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
510-272-6691	leeann.fergerson@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors vs. Bucks Basketball Date(s) 03 / 29 / 18  
Provide Title/Explanation

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

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Livermore Valley Performing Arts Center 2400 First Street, Livermore CA 94550	4/1	To reward a School or Non-profit organization for its contributions to the community

**4. Verification**

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

Signature of Agency Head or Designee	Lee Ann Ferguson	Ticket Administrator	10/31/17
	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: lvpac.org to help LVPA continue to pursue their mission to offer a broad range of arts opportunities and experiences to engage our diverse community. Educational outreach and field trip opportunities. Fundraiser: Brilliance at the Bankhead

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

**A Public Document**

<b>1. Agency Name</b>		<b>Date Stamp</b>	<b>California Form 802</b>
Alameda County			For Official Use Only
<b>Division, Department, or Region (if applicable)</b>			
Board of Supervisors			
<b>Designated Agency Contact (Name, Title)</b>		<input type="checkbox"/> <b>Amendment (Must Provide Explanation in Part 3.)</b>	
Lee Ann Ferguson, Ticket Administrator			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
510-272-6691	leeann.fergerson@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors/Suns Basketball    Date(s) 02 / 12 / 18

Provide Title/Explanation

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

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Livermore Valley Performing Arts Center 2400 First Street, Livermore CA 94550	4/1	To reward a School or Non-profit organization for its contributions to the community

**4. Verification**

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

Lee Ann Ferguson	Ticket Administrator	10/30/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>
		<small>(month, day, year)</small>

Comment: lvpac.org to keep LVPAAC continue to pursue their mission to offer a broad range of arts opportunities and experiences to engage our diverse community. Educational outreach & field trip opportunities. Fundraiser: Brilliance at the Bankhead.

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**

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable)  Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number      E-mail (510) 272-6693                  sarah.oddie@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 250

Event Description The Weeknd      Date(s) 10 / 8 / 17 \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes     No       If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official?      No     Yes       If yes: Chan, Wilma  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Domingo, Denise	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

_____ <small>Signature of Agency Head or Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	10.31.2017 <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title)  Sarah Oddie		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 250

Event Description Depeche Mode Date(s) 10 / 10 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Chan, Wilma  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Wong, Christine	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.

\_\_\_\_\_ Sarah Oddie \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 10.31.2017  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)



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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b>
Division, Department, or Region (If Applicable)  Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title)  Sarah Oddie		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 60

Event Description Disney on Ice: Dream Big    Date(s) 10 / 20 / 17 \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Brown, Madison	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Sarah Oddie	Supervisor's Assistant	10.31.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>
		<small>(Month, Day, Year)</small>

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

A Public Document

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title)  Sarah Oddie		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 60

Event Description Disney on Ice: Dream Big    Date(s) 10 / 22 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Arroyo, Silvia	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	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 with the requirements.

_____ <small>Signature of Agency Head or Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	10.31.2017 <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

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Designated Agency Contact (Name, Title)  Sarah Oddie		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 200

Event Description Arcade Fire    Date(s) 10 / 21 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Patitucci, Jenee	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
Amgott-Kwan, Jared	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

Sarah Oddie	Supervisor's Assistant	10.31.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>
		<small>(Month, Day, Year)</small>

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

A Public Document

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b>
Division, Department, or Region (If Applicable)  Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title)  Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 150

Event Description Enrique Iglesias + Pitbull    Date(s) 10 / 28 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: Chan, Wilma  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Padilla-Johnson, Rose	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
Albarran, Nalleli	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

_____ <small>Signature of Agency Head or Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	10.31.2017 <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors			
<b>Designated Agency Contact (Name, Title)</b> Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ (Month, Day, Year)	
<b>Area Code/Phone Number</b> (510) 272-6693	<b>E-mail</b> sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 305.55 ticket/35 park

Event Description Football game Date(s) 10 / 08 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Chan, Wilma  
Official's Name (Last, First)

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Amperosa, Robin	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Asian Health Services, 818 Webster St, Oakland, CA 94607	2	To reward a school or nonprofit organization for its contributions to the community
Medical clinic in Oakland		

**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.

<u>Sarah Oddie</u> <small>Signature of Agency Head or Designee</small>	<u>Sarah Oddie</u> <small>Print Name</small>	<u>Supervisor's Assistant</u> <small>Title</small>	<u>10.31.2017</u> <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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Division, Department, or Region (If Applicable)  Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title)  Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 305.55 ticket/35 park

Event Description Football game    Date(s) 10 / 15 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Provide Title/Explanation

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

Name of Source

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

Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Brekke-Miesner, Lukas	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.

_____ <small>Signature of Agency Head or Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	10.31.2017 <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors			
<b>Designated Agency Contact (Name, Title)</b> Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ (Month, Day, Year)	
<b>Area Code/Phone Number</b> (510) 272-6693	<b>E-mail</b> sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 305.55 ticket/35 park

Event Description Football game Date(s) 10 / 19 / 17  
Provide Title/Explanation


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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Chan, Wilma  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Medina, Samuel	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

	Sarah Oddie	Supervisor's Assistant	10.31.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

**A Public Document**

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Division, Department, or Region (If Applicable) Board of Supervisors		For Official Use Only	
Designated Agency Contact (Name, Title) Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 305.55 ticket

Event Description Football game    Date(s) 10 / 19 / 17    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: Chan, Wilma  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Murphy, Eric	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

	Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)



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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Sarah Oddie		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 park

Event Description Basketball Game Date(s) 10 / 13 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Chan, Wilma  
Official's Name (Last, First)


**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Hersch-Walker, Sarah	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
Klus, Colleen	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Sarah Oddie	Supervisor's Assistant	10.31.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		<b>Date Stamp</b>	<b>California Form 802</b>
<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors			For Official Use Only
<b>Designated Agency Contact (Name, Title)</b> Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ (Month, Day, Year)	
<b>Area Code/Phone Number</b> (510) 272-6693	<b>E-mail</b> sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 park

Event Description Basketball Game    Date(s) 10 / 17 / 17 \_\_\_\_\_  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Golden State Warriors  
*Name of Source*

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: Chan, Wilma  
*Official's Name (Last, First)*

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Rivera, Leticia Geisner, Benjamin Boskovich, Alex	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

	Sarah Oddie	Supervisor's Assistant	10.31.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

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<b>1. Agency Name</b> Alameda County		<b>Date Stamp</b>	<b>California Form 802</b>
<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors		For Official Use Only	
<b>Designated Agency Contact (Name, Title)</b> Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	
<b>Area Code/Phone Number</b> (510) 272-6693	<b>E-mail</b> sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 park

Event Description Basketball Game    Date(s) 10 / 17 / 17 \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Brown, Madison	4+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	4+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	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.

_____ <small>Signature of Agency Head or Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	10.31.2017 <small>(Month, Day, Year)</small>
--	--	--	---

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

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<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors			
<b>Designated Agency Contact (Name, Title)</b> Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ (Month, Day, Year)	
<b>Area Code/Phone Number</b> (510) 272-6693	<b>E-mail</b> sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$304.80 ticket

Event Description Basketball Game    Date(s) 10 / 17 / 17    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/Explanation

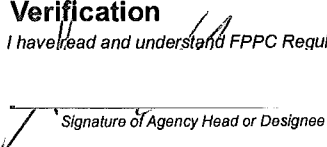
Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Lett, Estial	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
Kubo, Theresa		
Elliott, Laura	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b> Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

	Sarah Oddie	Supervisor's Assistant	10.31.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

**Agency Report of:  
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Designated Agency Contact (Name, Title) Sarah Oddie		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 304.80 ticket

Event Description Basketball Game Date(s) 10 / 17 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Chan, Wilma  
Official's Name (Last, First)

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Cheung, Eric	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.

<u>Sarah Oddie</u> <small>Signature of Agency Head or Designee</small>	<u>Sarah Oddie</u> <small>Print Name</small>	<u>Supervisor's Assistant</u> <small>Title</small>	<u>10.31.2017</u> <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

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Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Sarah Oddie		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 304.80 ticket

Event Description Basketball Game Date(s) 10 / 25 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Chan, Wilma  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Deming, Nancy	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.

\_\_\_\_\_ Sarah Oddie \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 10.31.2017  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

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

**A Public Document**

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<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors			
<b>Designated Agency Contact (Name, Title)</b> Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ (Month, Day, Year)	
<b>Area Code/Phone Number</b> (510) 272-6693	<b>E-mail</b> sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 park

Event Description Basketball Game Date(s) 10 / 25 / 17  
Provide Title/Explanation

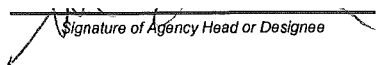
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Chan, Wilma  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Galvan, Gordon	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public
	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.

	Sarah Oddie	Supervisor's Assistant	10.31.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		<b>Date Stamp</b>	<b>California Form 802</b>
<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors		For Official Use Only	
<b>Designated Agency Contact (Name, Title)</b> Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	
<b>Area Code/Phone Number</b> (510) 272-6693	<b>E-mail</b> sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 park

Event Description Basketball Game    Date(s) 10 / 25 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Krukowski, Eva	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.

 <small>Signature of Agency Head or Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	10.31.2017 <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

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Division, Department, or Region (If Applicable)  Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title)  Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$304.80 ticket

Event Description Basketball Game    Date(s) 10 / 25 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Finley, Delvecchio	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

_____ <small>Signature of Agency Head or Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	10.31.2017 <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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<b>1. Agency Name</b> Alameda County		<b>Date Stamp</b>	<b>California Form 802</b>
<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors			For Official Use Only
<b>Designated Agency Contact (Name, Title)</b> Sarah Oddie			
<b>Area Code/Phone Number</b> (510) 272-6693	<b>E-mail</b> sarah.oddie@acgov.org	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
		<b>Date of Original Filing:</b> _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$304.80 ticket

Event Description Basketball Game    Date(s) 10 / 29 / 17 \_\_\_\_\_  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Golden State Warriors  
*Name of Source*

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Woods, Brendon	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Sarah Oddie	Supervisor's Assistant	10.31.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>
		<small>(Month, Day, Year)</small>

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

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 park

Event Description Basketball Game Date(s) 10 / 29 / 17  
Provide Title/Explanation

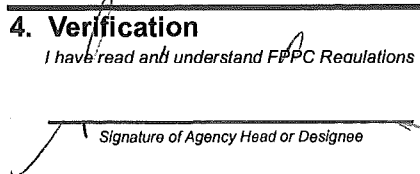
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Chan, Wilma  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Nichols-Franz, Jan	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public
	2+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.

	Sarah Oddie	Supervisor's Assistant	10.31.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		<b>Date Stamp</b>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Designated Agency Contact (Name, Title) Nathan Miley, Alameda County Supervisor			
Area Code/Phone Number (510) 272-6694	E-mail bosdist4@acgov.org		
		<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 90

Event Description: A's Baseball Game    Date(s) 9 / 4 / 17  
Provide Title/ Explanation

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?    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:
Washington, Tanya	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a county employee for their service the public
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Nathan Miley	Supervisor	10/23/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b>		<b>Date Stamp</b>	<b>California Form 802</b>
Alameda County			For Official Use Only
Division, Department, or Region (if applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Nathan Miley, Alameda County Supervisor			
Area Code/Phone Number	E-mail	<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
(510) 272-6694	bosdist4@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 90

Event Description: A's Baseball Game    Date(s) 9 / 4 / 17

Provide Title/Explanation

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?    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:
Aritola, Kathy	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
Mosely, Mae	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ 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 Title	10/23/17 (month, day, year)
--	----------------------------	---------------------	--------------------------------

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nathan Miley, Alameda County Supervisor Area Code/Phone Number      E-mail (510) 272-6694                      bosdist4@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <span style="font-size: small;">(month, day, year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 90

Event Description: A's Baseball Game                      Date(s) 9 / 4 / 17  
Provide Title/ Explanation

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?    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:
Ramirez, Coco	7	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Nathan Miley <small>Print Name</small>	Supervisor <small>Title</small>	10/23/17 <small>(month, day, year)</small>
--	---	------------------------------------	---

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Alameda County <hr/> <b>Division, Department, or Region</b> (if applicable) Board of Supervisors <hr/> <b>Designated Agency Contact</b> (Name, Title) Nathan Miley, Alameda County Supervisor <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;"><b>Area Code/Phone Number</b></td> <td style="border: none;"><b>E-mail</b></td> </tr> <tr> <td style="border: none;">(510) 272-6694</td> <td style="border: none;">bosdist4@acgov.org</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	(510) 272-6694	bosdist4@acgov.org	Date Stamp    <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>California Form 802</b>                      For Official Use Only                 </div> <hr/> <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>
<b>Area Code/Phone Number</b>	<b>E-mail</b>					
(510) 272-6694	bosdist4@acgov.org					

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 80

Event Description: A's Baseball Game    Date(s) 9 / 5 / 17  
Provide Title/Explanation

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?    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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland and Alameda County - 7200 Bancroft, Oakland, CA	2	To promote attendance at a County sponsored event or event held at a County facility to maximize attendance

**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: Nate Miley    Print Name: Nate Miley    Title: Supervisor    Date: 10/23/17  
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Nathan Miley, Alameda County Supervisor		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (510) 272-6694	E-mail bosdist4@acgov.org	Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 80

Event Description: A's Baseball Game Date(s) 9 / 6 / 17  
Provide Title/Explanation

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? 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland and Alameda County - 7200 Bancroft, Oakland, CA	2	To promote attendance at a County sponsored event or event held at a County facility to maximize attendance

**4. Verification**

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

Signature of Agency Head or Designee: Nathan Miley     
 Print Name: Nathan Miley     
 Title: Supervisor     
 Date: 10/23/17  
(month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> Alameda County		<b>Date Stamp</b>	<b>California Form 802</b>
Division, Department, or Region (if applicable) Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title) Nathan Miley, Alameda County Supervisor		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (510) 272-6694	E-mail bosdist4@acgov.org	<b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 80

Event Description: A's Baseball Game Date(s) 9 / 8 / 17  
Provide Title/Explanation

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? 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:
Sanftner, Paul	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a county employee for his or her exemplary service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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. \*A

Signature of Agency Head or Designee: Nathan Miley Supervisor Title: Supervisor Date: 10/23/17  
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nathan Miley, Alameda County Supervisor Area Code/Phone Number      E-mail (510) 272-6694                      bosdist4@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(month, day, year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes  No       Face Value of Each Ticket/Pass \$ 90

Event Description: A's Baseball Game      Date(s) 9 / 9 / 17  
Provide Title/ Explanation

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?      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:
Le, Janice	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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. - 0

Signature of Agency Head or Designee: Nathan Miley      Print Name: Nathan Miley      Title: Supervisor      Date: 10/23/17  
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
Alameda County			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Nathan Miley, Alameda County Supervisor			
Area Code/Phone Number	E-mail		
(510) 272-6694	bosdist4@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 80

Event Description: A's Baseball Game Date(s) 9 / 10 / 17  
Provide Title/ Explanation

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? Yes  No  If yes: Miley, Nathan  
Officials 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 <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
East Bay Innovations 2450 Washington Ave., San Leandro, CA	18	To promote attendance at a County sponsored event or event held at a County facility

**4. Verification**

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

Signature of Agency Head or Designee: Nathan Miley Print Name: Nathan Miley Title: Supervisor Date: 10/23/17  
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b>
Division, Department, or Region (if applicable) Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title) Nathan Miley, Alameda County Supervisor			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number (510) 272-6694	E-mail bosdist4@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 80

Event Description: A's Baseball Game    Date(s) 9 / 23 / 17  
Provide Title/ Explanation

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?    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:
Sanftner, Paul	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a county employee for his or her exemplary service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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    Supervisor    Title    10/23/17    (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Nathan Miley, Alameda County Supervisor		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (510) 272-6694	E-mail bosdist4@acgov.org	Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 80

Event Description: A's Baseball Game Date(s) 9 / 25 / 17  
Provide Title/Explanation

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? 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland and Alameda County - 7200 Bancroft, Oakland, CA	2	To promote attendance at a County sponsored event or event held at a County facility to maximize attendance

**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  
Print Name Title

Date: 10/23/17  
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Nathan Miley, Alameda County Supervisor		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (510) 272-6694	E-mail bosdist4@acgov.org	Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 80

Event Description: A's Baseball Game Date(s) 9 / 26 / 17  
Provide Title/Explanation

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? 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland and Alameda County - 7200 Bancroft, Oakland, CA	2	To promote attendance at a County sponsored event or event held at a County facility to maximize attendance

**4. Verification**

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

Signature of Agency Head or Designee: Nathan Miley Print Name: Nathan Miley Title: Supervisor Date: 10/23/17  
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		<b>Date Stamp</b>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Designated Agency Contact (Name, Title) Nathan Miley, Alameda County Supervisor			
Area Code/Phone Number (510) 272-6694	E-mail bosdist4@acgov.org	<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 150

Event Description: Ruff Ryders    Date(s) 9 / 27 / 17  
Provide Title/ Explanation

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

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:
Pete, Geoffrey	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Nathan Miley  
Signature of Agency Head or Designee
Supervisor  
Print Name
10/23/17  
Title
10/23/17  
(month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Alameda County <hr/> <b>Division, Department, or Region</b> (if applicable) Board of Supervisors <hr/> <b>Designated Agency Contact</b> (Name, Title) Nathan Miley, Alameda County Supervisor <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;"><b>Area Code/Phone Number</b></td> <td style="border: none;"><b>E-mail</b></td> </tr> <tr> <td style="border: none;">(510) 272-6694</td> <td style="border: none;">bosdist4@acgov.org</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	(510) 272-6694	bosdist4@acgov.org	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Date Stamp</td> <td style="border: none; text-align: center;"> <b>California Form 802</b>                  For Official Use Only             </td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 10px;"> <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)             </td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 10px;"> <b>Date of Original Filing:</b> _____                  (month, day, year)             </td> </tr> </table>	Date Stamp	<b>California Form 802</b> For Official Use Only	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)		<b>Date of Original Filing:</b> _____ (month, day, year)	
<b>Area Code/Phone Number</b>	<b>E-mail</b>											
(510) 272-6694	bosdist4@acgov.org											
Date Stamp	<b>California Form 802</b> For Official Use Only											
<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)												
<b>Date of Original Filing:</b> _____ (month, day, year)												

## 2. Function or Event Information

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 80

Event Description: A's Baseball Game    Date(s) 9 / 27 / 17  
Provide Title/ Explanation

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?    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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland and Alameda County - 7200 Bancroft, Oakland, CA	2	To promote attendance at a County sponsored event or event held at a County facility to maximize attendance

## 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  
Title

10/23/17  
(month, day, year)

Comment: \_\_\_\_\_



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

A Public Document

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title) Briana Brown		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510)272-6695	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 \$ \_\_\_\_\_ 90

Event Description A's Baseball      Date(s) 09 / 25 / 26      20 / 17 / \_\_\_\_\_  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: 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.

A. <b>Name of Agency, Department or Unit</b>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <b>Name of individual</b> <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <b>Name of Outside Organization</b> <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Attitudinal Healing 3278 West St Empower individual to be self-aware	4	To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals for the partic
<i>empower individuals to be self-aware &amp; inspired through art</i>		

**4. Verification**

\_\_\_\_\_  
Signature of Agency Head or Designee

Briana Brown      Supervisor's Assistant  
Print Name      Title

9/30/17  
(Month, Day, Year)

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

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number      E-mail (510)272-6695                      briana.brown2@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>			

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes  No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 150

Event Description Scorpions & Megadeth      Date(s) 10 / 4 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes  No       If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official?      No  Yes       If yes: 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.

A. <small>Name of Agency, Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Down Syndrom Connection of the East Bay <i>Encouraging the unlimited potential in children &amp; adults</i>	4	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;

**4. Verification**

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

 Briana Brown <small>Signature of Agency Head or Designee      Print Name</small>	Supervisor's Assistant <small>Title</small>	<u>10/30/17</u> <small>(Month, Day, Year)</small>
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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable)  Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number      E-mail (510)272-6695                      briana.brown2@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> <b>Amendment</b> (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 \$ \_\_\_\_\_ 90

Event Description A's Baseball      Date(s) 09 / 22 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?      No  Yes       If yes: 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.

A. <b>Name of Agency, Department or Unit</b>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <b>Name of Individual</b> <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <b>Name of Outside Organization</b> <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alternatives in Action 3666 Gran ave. <i>inspire youth</i> <i>in school and community</i>	2	To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals for the partic

**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.

<small>Signature of Agency Head or Designee</small>	Briana Brown <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	9/30/17 <small>(Month, Day, Year)</small>
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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number      E-mail (510)272-6695                      briana.brown2@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 250

Event Description The Weekend      Date(s) 10 / 8 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes       No       If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official?      No       Yes       If yes: 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.

A. <small>Name of Agency, Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors District 5	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development;
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee      Briana Brown      Print Name      Supervisor's Assistant      Title      10/30/17      (Month, Day, Year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title)  Briana Brown		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510)272-6695	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 \$ \_\_\_\_\_ 60

Event Description DOI \_\_\_\_\_      Date(s) 10 / 19 / 20    22 / 23 / 20 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: 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.

A. <u>Name of Agency, Department or Unit</u>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> <u>_____</u> <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Reako Lewis	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>  To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;
Ileen Hung	4	Income <input type="checkbox"/>
<b>C.</b> <u>Name of Outside Organization (include address and description)</u>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee      Briana Brown      Supervisor's Assistant      10/30/17  
Print Name      Title      (Month, Day, Year)





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

Agency Name  
Alameda County

**3. Recipients**

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

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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Cecilla Maravilla	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>  To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;
Rachel Kinnon	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable)  Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number      E-mail (510)272-6695                      briana.brown2@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>			

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ **200**

Event Description Arcade Fire      Date(s) 10 / 21 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes     No       If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official?      No     Yes       If yes: 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.

A. <small>Name of Agency, Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Sam Sampson	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/>  To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;      Income <input type="checkbox"/>
C. <small>Name of Outside Organization (include address and description)</small>	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.

_____ <small>Signature of Agency Head or Designee</small>	Briana Brown <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	10/30/17 <small>(Month, Day, Year)</small>
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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title) Briana Brown		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510)272-6695	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 \$ \_\_\_\_\_ 60

Event Description Family Bridges Sam Hui Benefit Concer Date(s) 10 / 14 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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.

A. <small>Name of Agency, Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <small>Name of individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Peter Zheng & Melody Sun	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>(Ceremonial Role or Other describe below)</small> To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales; Income <input type="checkbox"/>
C. <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

### 4. Verification

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

Briana Brown Supervisor's Assistant 10/30/17  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_



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

A Public Document

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Designated Agency Contact (Name, Title)			
Briana Brown			
Area Code/Phone Number (510)272-6695	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 \$ \_\_\_\_\_ **250**

Event Description Depeche Mode Date(s) 10 / 10 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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.

<b>A. Name of Agency, Department or Unit</b>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B. Name of Individual (Last, First)</b>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Jonas Edgeworth	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> <input type="checkbox"/> Income <input type="checkbox"/> To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales; <input type="checkbox"/> Income <input type="checkbox"/>
<b>C. Name of Outside Organization (include address and description)</b>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Briana Brown Supervisor's Assistant 10/13/17  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title) Briana Brown			
Area Code/Phone Number 5102726695	E-mail briana.brown2@acgov.org	<input type="checkbox"/> <b>Amendment</b> (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 \$ 150

Event Description Enrique Iglesia & Pitbull Date(s) 10 / 28 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Carson, Keith supervisor D5  
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
BOS D5.	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

\_\_\_\_\_  
Signature of Agency Head or Designee

Briana Brown Supervisor's Assistant  
Print Name Title

10/30/17  
(Month, Day, Year)

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Briana Brown		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 5102726695	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 \$ 305.<sup>99</sup>

Event Description Raiders Provide Title/Explanation Date(s) 10 / 15 / 17 10 / 19 / 17

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Carson, Keith - Supervisor D5 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
<u>D5</u>	<u>4</u>	To reward a County employee for his or her exemplary service to the public or to encourage staff development
<u>D5</u>	<u>4</u>	<u>to reward County employee...</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Briana Brown Signature of Agency Head or Designee Briana Brown Print Name Constituent Service Associate Title 10/30/17 (Month, Day, Year)

Comment: + 2 PP

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title) Briana Brown		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510)272-6695	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 \$ \_\_\_\_\_ 90

Event Description A's Baseball Date(s) 09 / 4 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: 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.

<b>A.</b> <u>Name of Agency, Department or Unit</u>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
BOS D.5		To reward a County employee for his or her exemplary service to the public or to encourage staff development
<b>B.</b> <u>Name of Individual</u> <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b> <u>Name of Outside Organization</u> <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Briana Brown Supervisor's Assistant 9/30/17  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Alameda County Division, Department, or Region <i>(If Applicable)</i>  Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Briana Brown Area Code/Phone Number   E-mail (510)272-6695   briana.brown2@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 90

Event Description A's Baseball    Date(s) 09 / 24 / 17  
*Provide Title/Explanation*

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

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: 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.

A. <b>Name of Agency, Department or Unit</b>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <b>(Last, First)</b>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Philip Hall	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. <b>Name of Outside Organization (include address and description)</b>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee	Briana Brown Print Name	Supervisor's Assistant Title	9/30/17 (Month, Day, Year)
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 250

Event Description The Weekend      Date(s) 10 / 08 / 17 \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Golden State Warriors  
Name of Source

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Higares, Alexander	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> - To reward a community volunteer for his service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.

 _____ <small>Signature of Agency Head or Designee</small>	Gabriela Christy _____ <small>Print Name</small>	Supervisor's Assistant _____ <small>Title</small>	11/7/17 _____ <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 200

Event Description Arcade Fire      Date(s) 10 / 17 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Golden State Warriors  
*Name of Source*

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
McEvoy, Gilbert	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> - To reward a community volunteer for his service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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 \_\_\_\_\_ 11/7/17 \_\_\_\_\_  
*Signature of Agency Head of Designee*      *Print Name*      *Title*      *(Month, Day, Year)*

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title)  Gabriela Christy		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
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 \$ \_\_\_\_\_ **60**

Event Description Disney on Ice: Dream Big      Date(s) 10 / 19 / 17      10 / 20 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Golden State Warriors  
Name of Source

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Herrera, Estella	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> – To reward a community volunteer for her service to the public
Herrera, Peral	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> – To reward a community volunteer for her service to the public
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alameda County Democratic Central Committee	4	– To reward nonprofit organization for its contributions to the community
ACDP coordinates the party's activities throughout the county, making		endorsements, organizing events and directing resources to support local, state and national candidates.

**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.

 <small>Signature of Agency Head or Designee</small>	Gabriela Christy <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	<u>11/7/17</u> <small>(Month, Day, Year)</small>
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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 150

Event Description Enrique Iglesias and Pitbull      Date(s) 10 / 28 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Golden State Warriors  
Name of Source

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Gonzales, Yesina	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> - To reward a community volunteer for her service to the public
Ortega, Rosa	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> - To reward a community volunteer for her service to the public
C. Name of Outside Organization <small>(include address and description)</small>	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.

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title)  Gabriela Christy		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
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 /30

Event Description GS Warriors vs. Sacramento Kings Date(s) 10 / 13 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Golden State Warriors  
Name of Source

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Claudillo, Anthony	2/1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> - To reward a community volunteer for his service to the public
Claudillo, Sammy	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> - To reward a community volunteer for her service to the public
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

\_\_\_\_\_ Gabriela Christy \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b>
<b>Division, Department, or Region</b> (If Applicable) Board of Supervisors			For Official Use Only
<b>Designated Agency Contact</b> (Name, Title) Gabriela Christy		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	
<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> 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 /30

Event Description GS Warriors vs. Toronto Raptors      Date(s) 10 / 25 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Golden State Warriors  
Name of Source

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Gomez, Edwin	4/1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> - To reward a community volunteer for his service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

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

A Public Document

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b>
Division, Department, or Region (If Applicable)  Board of Supervisors		For Official Use Only	
Designated Agency Contact (Name, Title)  Gabriela Christy		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
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 /30

Event Description GS Warriors vs. Washington Wizards    Date(s) 10 / 27 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Golden State Warriors  
Name of Source

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Rodriquez, Jessica	4/1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> - To reward a community volunteer for her service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 _____ <small>Signature of Agency Head or Designee</small>	Gabriela Christy _____ <small>Print Name</small>	Supervisor's Assistant _____ <small>Title</small>
		11/7/17 _____ <small>(Month, Day, Year)</small>

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title)  Gabriela Christy		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
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 /30

Event Description GS Warriors vs. Detroit Pistons      Date(s) 10 / 29 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Golden State Warriors  
Name of Source

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Nesseth, Patra	2/1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> - To reward a community volunteer for her service to the public
Steele, Gail	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> - To reward a community volunteer for her service to the public
C. Name of Outside Organization <small>(include address and description)</small>	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.

_____ <small>Signature of Agency Head or Designee</small>	Gabriela Christy <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	<u>11/7/17</u> <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 305.55/35

Event Description Oak Raiders vs. Baltimore Ravens      Date(s) 10 / 08 / 17  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Christy, David	2/1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> - To reward a community volunteer for his service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

\_\_\_\_\_  
Signature of Agency Head or Designee      Gabriela Christy      Supervisor's Assistant      11/7/17  
Print Name      Title      (Month, Day, Year)

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 305.55/35

Event Description Oak Raiders vs. Kansas City Chiefs      Date(s) 10 / 19 / 17  
Provide Title/Explanation


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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Archelta, Raquel	<u>2/1</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> - To reward a community volunteer for her service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.

 <small>Signature of Agency Head or Designee</small>	<u>Gabriela Christy</u> <small>Print Name</small>	<u>Supervisor's Assistant</u> <small>Title</small>	<u>11/7/17</u> <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> Alameda County <b>Division, Department, or Region</b> <i>(If Applicable)</i> Board of Supervisors <b>Designated Agency Contact</b> <i>(Name, Title)</i> Gabriela Christy <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>Area Code/Phone Number</b> (510) 272-6692</td> <td style="width:50%; border: none;"><b>E-mail</b> Gabriela.Christy@acgov.org</td> </tr> </table>		<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> Gabriela.Christy@acgov.org	Date Stamp	<b>California Form 802</b> For Official Use Only
<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> Gabriela.Christy@acgov.org				
		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> <b>Date of Original Filing:</b> _____ <i>(Month, Day, Year)</i>			

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 305.55/35

Event Description Oak Raiders vs. Los Angeles Chargers      Date(s) 10 / 15 / 17 \_\_\_\_\_  
*Provide Title/Explanation*

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Our Lady of the Rosary Catholic Church 703 C Street, Union City, Ca 94587	411	- To reward a nonprofit organization for its contributions to the community
OLR festival		

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

_____ <i>Signature of Agency Head or Designee</i>	Gabriela Christy _____ <i>Print Name</i>	Supervisor's Assistant _____ <i>Title</i>	11/7/17 _____ <i>(Month, Day, Year)</i>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b>
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Sarah Oddie		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$60

Event Description Family Bridges Benefit Concert      Date(s) 10 / 14 / 17 \_\_\_\_\_  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Golden State Warriors  
*Name of Source*

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: 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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Chan, Carl	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for his or her service to the public
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Sarah Oddie	Supervisor's Assistant	10.31.2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>
		<small>(Month, Day, Year)</small>