

**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 \$ \_\_\_\_\_ \$40

Event Description Baseball game      Date(s) 08 / 01 / 18  
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?      No       Yes       If yes: Chan, Wilma  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <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
St. Gerard Women's Club, 264 E. Lewelling Blvd., San Lorenzo, CA 94580	2	To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
Women's social and fundraising for St. John's Parish		

**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>	09.04.2018 <small>(Month, Day, Year)</small>
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**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 45

Event Description Baseball game      Date(s) 08 / 04 / 18  
*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?      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:
Lam, Marianne	2	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> 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><i>If checking "Ceremonial Role" or "Other" describe below:</i></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><i>Signature of Agency Head or Designee</i></small>	Sarah Oddie <small><i>Print Name</i></small>	Supervisor's Assistant <small><i>Title</i></small>	09.04.2018 <small><i>(Month, Day, Year)</i></small>
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**2. Function or Event Information**

Does the agency have a ticket policy?      Yes     No       Face Value of Each Ticket/Pass \$ 100 suite/20 parking

Event Description Baseball game                      Date(s) 08 / 04 / 18  
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?      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:
Hankerson, Jennifer	4tx+1pk	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
	4tx+1pk	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>	09.04.2018 <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			
Designated Agency Contact (Name, Title)  Sarah Oddie			
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@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 \$ \_\_\_\_\_ **35**

Event Description Baseball game      Date(s) 08 / 05 / 18  
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?    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:
McCormick, Mike	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 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>	09.04.2018 <small>(Month, Day, Year)</small>
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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 \$ 100 ticket/20 parking

Event Description Baseball game      Date(s) 08 / 07 / 18  
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?      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:
		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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Oakland Community Organizations, 5001 Foothill Blvd, Oakland, CA 9	6tx+1p	To reward a school or nonprofit organization for its contributions to the community
Community organizing organization 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.

Sarah Oddie	Supervisor's Assistant	09.04.2018
Signature of Agency Head or Designee	Print Name	Title <small>(Month, Day, Year)</small>

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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 \$ 100 ticket/20 parking

Event Description Baseball game      Date(s) 08 / 07 / 18  
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?    No     Yes       If yes: Chan, Wilma  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <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
Girls Inc. of the Island City, 1724 Santa Clara Ave, Alameda, CA	6tx+1p	To reward a school or nonprofit organization for its contributions to the community
Programs to inspire young girls in Alameda to be bold, strong, smart		

**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	Sarah Oddie Print Name	Supervisor's Assistant Title	09.04.2018 (Month, Day, Year)
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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 \$ 100 ticket/20 parking

Event Description Baseball game      Date(s) 08 / 07 / 18  
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?    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:
		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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Oakland Firefighters Random Acts, P.O. Box 874, Oakland, CA	6tx+1p	To reward a school or nonprofit organization for its contributions to the community
Random acts of kindness to people in need of assistance after emergencies		

**4. Verification**

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

Sarah Oddie	Supervisor's Assistant	09.04.2018
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>
		<small>(Month, Day, Year)</small>

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**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ **45**

Event Description Baseball game      Date(s) 08 / 7 / 18  
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?      No       Yes       If yes: Chan, Wilma  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <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
Alameda Education Foundation, 400 Grand Street, Portable A4, Alameda, CA	2	To reward a school or nonprofit organization for its contributions to the community
Foundation to support programs in Alameda schools		

**4. Verification**  
 I have \_\_\_\_\_ PC 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	09.04.2018
Signature of Agency Head or Designee	Print Name	Title (Month, Day, Year)

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



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Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@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 \$ \_\_\_\_\_ \$250

Event Description Daryl Hall & John Oates and Train    Date(s) 08 / 07 / 18  
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:
Chenot, Megan	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**  
 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>	09.04.2018 <small>(Month, Day, Year)</small>
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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 \$ 100 ticket/20 parking

Event Description Baseball game      Date(s) 08 / 08 / 18  
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?    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:
		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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Purple Silk Music Foundation, 484 Lake Park Ave. #366, Oakland	18tx+3p	To reward a school or nonprofit organization for its contributions to the community
Music foundation for youth specializing in traditional Chinese instruments		

**4. Verification**  
 I have read and understand the 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	09.04.2018
Signature of Agency Head or Designee	Print Name	Title <small>(Month, Day, Year)</small>

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 \$ \_\_\_\_\_ \$305.55 ticket

Event Description Football game      Date(s) 08 / 10 / 18 \_\_\_\_\_  
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, Wiima  
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:
Taylor, Debbie	3	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...
	3	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.

Sarah Oddie	Supervisor's Assistant	09.04.2018
Signature of Agency Head or Designee	Print Name	Title (Month, Day, Year)

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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 \$ \_\_\_\_\_ 35

Event Description Baseball game      Date(s) 08 / 13 / 18  
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?    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:
Shah, Mona	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 (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	09.04.2018
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
<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors			
<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 \$ \_\_\_\_\_ 35

Event Description Baseball game Date(s) 08 / 14 / 18  
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? 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 (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Castillo, Nestor	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:
<b>C.</b> 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 \_\_\_\_\_ 09.04.2018  
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 (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 \$ \_\_\_\_\_ 35

Event Description Baseball game      Date(s) 08 / 15 / 18 \_\_\_\_\_  
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?    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:
Ramirez, Javier	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 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	09.04.2018
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 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 \$ \_\_\_\_\_ 40

Event Description Baseball game      Date(s) 08 / 17 / 18  
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?      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:
		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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Trybe, Inc., 2000 Park Blvd, Oakland, CA 94606	2	To reward a school or nonprofit organization for its contributions to the community
Community-building neighborhood transformation		

**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 <small>Signature of Agency Head or Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	09.04.2018 <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> _____ <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 \$ \_\_\_\_\_ 35

Event Description Baseball game Date(s) 08 / 18 / 18  
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? 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:
Bradd, Mary	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>
<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.

Signature of Agency Head or Designee: Sarah Oddie Print Name  
 Supervisor's Assistant: Supervisor's Assistant Title  
 Date: 09.04.2018 (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 (If Applicable)</b> Board of Supervisors <hr/> <b>Designated Agency Contact (Name, Title)</b> Sarah Oddie <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <b>Area Code/Phone Number</b>                      (510) 272-6693                 </td> <td style="width:50%; border: none;"> <b>E-mail</b>                      sarah.oddie@acgov.org                 </td> </tr> </table>		<b>Area Code/Phone Number</b> (510) 272-6693	<b>E-mail</b> sarah.oddie@acgov.org	Date Stamp	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-weight: bold; font-size: 1.2em;">California Form <b>802</b></td> </tr> <tr> <td style="text-align: center; font-size: 0.8em;">For Official Use Only</td> </tr> </table>	California Form <b>802</b>	For Official Use Only
<b>Area Code/Phone Number</b> (510) 272-6693	<b>E-mail</b> sarah.oddie@acgov.org						
California Form <b>802</b>							
For Official Use Only							
		<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 \$ \_\_\_\_\_ **35**

Event Description Baseball game      Date(s) 08 / 19 / 18      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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?    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:
Ferguson, Wanda	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 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>	09.04.2018 _____ <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> 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> _____ <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 \$ 78 ticket/20 parking

Event Description Baseball game Date(s) 08 / 21 / 18  
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? 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:
		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>
<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
Alameda County Family Justice Center, 470 27th St, Oakland, CA 94612	18tx+3p	To reward a school or nonprofit organization for its contributions to the community
Support services for victims of domestic violence		

**4. Verification**  
 I have read and understand the 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>09.04.2018</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> For Official Use Only
Division, Department, or Region (if Applicable)  Board of Supervisors			
Designated Agency Contact (Name, Title)  Sarah Oddie			
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org	<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 \$ 90 ticket/20 parking

Event Description Baseball game      Date(s) 08 / 30 / 18  
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?    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:
		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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Hong Kong Association of Northern California, 130 Montgomery St, SF, CA	6tx+1p	To reward a school or nonprofit organization for its contributions to the community
Chinese cultural association		

**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>	09.04.2018 <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 <i>(if Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> 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> <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 \$ 90 ticket/20 parking

Event Description Baseball game      Date(s) 08 / 30 / 18  
*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?      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:
		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>
<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
Haight Elementary School PTA, 2025 Santa Clara Ave, Alameda, CA	6tx+1p	To reward a school or nonprofit organization for its contributions to the community
Public school PTA		

**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>	09.04.2018 <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 \$ \_\_\_\_\_ 40

Event Description Baseball game Date(s) 08 / 31 / 18  
Provide Title/Explanation

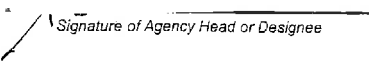
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland A's  
Name of Source

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <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
Trybe, Inc., 2000 Park Blvd, Oakland, CA 94606	2	To reward a school or nonprofit organization for its contributions to the community
Community-building neighborhood transformation		

**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	09.04.2018
<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>Division, Department, or Region (If Applicable)</b> Board of Supervisors <b>Designated Agency Contact (Name, Title)</b> Sarah Oddie <b>Area Code/Phone Number</b> <b>E-mail</b> (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: _____ <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 \$ \_\_\_\_\_ \$40

Event Description Baseball game      Date(s) 08 / 30 / 18  
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?      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:
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> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	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 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>	09.11.2018 <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 <hr/> Division, Department, or Region <i>(if applicable)</i> Board of Supervisors <hr/> Designated Agency Contact <i>(Name, Title)</i> Nathan Miley <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Area Code/Phone Number</td> <td style="border: none;">E-mail</td> </tr> <tr> <td style="border: none;">(510) 272-6694</td> <td style="border: none;">district4@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-6694	district4@acgov.org	Date Stamp	<div style="border: 1px solid black; padding: 5px;"> <b>California Form 802</b>                      For Official Use Only                 </div>
Area Code/Phone Number	E-mail						
(510) 272-6694	district4@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 \$ 78

Event Description: Oakland A's    Date(s) 8/ / 3 / 18    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Provide Title/ Explanation*

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

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Nathan Miley  
*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:
Paul Sanftner	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 reward a county employee for his or her exemplary service to the public and community
		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)/ 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 Designated	_____ Nathan Miley Print Name	_____ Supervisor Title	_____ 07/11/18 (month, day, year)
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Comment: \_\_\_\_\_

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

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<b>Area Code/Phone Number</b>	<b>E-mail</b>											
(510) 272-6694	district4@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: _____ <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 \$ 100

Event Description: Oakland A's    Date(s) 8/ / 4 / 18  
*Provide Title/ Explanation*

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

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Nathan Miley  
*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:
		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>
Holly Scheider	2	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> To reward a county employee for his or her exemplary service to the community or public
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 with the requirements.*

Signature of Agency Head or Designee	<u>Nathan Miley</u> <small>Print Name</small>	<u>Supervisor</u> <small>Title</small>	<u>07/11/18</u> <small><i>(month, day, year)</i></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	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		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number (510) 272-6694	E-mail district4@acgov.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 78

Event Description: Oakland A's Provide Title/Explanation Date(s) 8/ 5 / 18

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Nathan Miley  
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)/Passes	Describe the public purpose made pursuant to the agency's policy
<b>B.</b>	Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
	Monica Gagnon	5	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To increase attendance to a county sponsored event or at an event hosted in a county facility
	Rodrigo Orduna	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 county employee for his or her exemplary service to the community or public
<b>C.</b>	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	07/11/18
	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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

Agency Name

Alameda County

**3. Recipients**

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

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:
Jessica Traveria	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 increase attendance to a county sponsored event or at an event hosted in a county facility
Georgette Cobb	5	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To increase attendance to a county sponsored event or at an event hosted in a county facility
Michael Toy	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 increase attendance to a county sponsored event or at an event hosted in a county facility
		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)/ Passes	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 <i>(if applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Nathan Miley Area Code/Phone Number      E-mail (510) 272-6694                      district4@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 \$ 78

Event Description: Oakland A's                      Date(s) 8/ / 7 / 18  
*Provide Title/ Explanation*

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

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Nathan Miley  
*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:
		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
United Seniors of Oakland and Alameda County	2	To reward a nonprofit organization for their exemplary service to the general public

**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 	<u>Nathan Miley</u> Print Name	<u>Supervisor</u> Title	<u>07/11/18</u> (month, day, year)
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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 Division, Department, or Region <i>(if applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Nathan Miley Area Code/Phone Number      E-mail (510) 272-6694                      district4@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 78

Event Description: Oakland A's                      Date(s) 8/ / 8 / 18  
*Provide Title/ Explanation*

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

Was ticket distribution made at the behest of agency official?    Yes  No     If yes: Nathan Miley  
*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 <span style="font-size: x-small;"><i>(Last, First)</i></span>	Number of Ticket(s)/ Passes	Identify one of the following:
Darryl Stewart	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 reward a county employee for his or her exemplary service to the community and 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 <span style="font-size: x-small;"><i>(include address and description)</i></span>	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
07/11/18  
Print Name
Title
(month, day, year)

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

**Agency Report of:  
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**2. Function or Event Information**

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

Event Description: Oakland Raiders    Date(s) 8 / 10 / 18  
*Provide Title/ Explanation*

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

Was ticket distribution made at the behest of agency official?    Yes  No     If yes: Nathan Miley  
*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:
Patricia Brooks	4	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> To reward a county employee for his or her exemplary service to the community
		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 with the requirements.*      A  

	Nathan Miley <small>Print Name</small>	Supervisor <small>Title</small>	07/11/18 <small><i>(month, day, year)</i></small>
Comment: _____			

**Agency Report of:  
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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 78

Event Description: Oakland A's                      Date(s) 8/ / 13 / 18                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Provide Title/ Explanation*

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

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Nathan Miley  
*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:
Nate Harrison	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 increase attendance at a county sponsored event or to an event hosted in a county facility
		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)/ 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                      07/11/18  
*Print Name*                      *Title*                      *(month, day, year)*

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

**Agency Report of:  
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**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ 78

Event Description: Oakland A's      Date(s) 8/ / 14 / 18  
*Provide Title/ Explanation*

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

Was ticket distribution made at the behest of agency official?      Yes       No       If yes: Nathan Miley  
*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><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 <small>(include address and description)</small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland and Alameda County	2	To reward a nonprofit organization for their service to the general public

**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 	<u>Nathan Miley</u> Print Name	<u>Supervisor</u> Title	<u>07/11/18</u> (month, day, year)
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Comment: \_\_\_\_\_

**Agency Report of:  
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**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ 78

Event Description: Oakland A's      Date(s) 8/ / 15 / 18  
*Provide Title/ Explanation*

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

Was ticket distribution made at the behest of agency official?      Yes       No       If yes: Nathan Miley  
*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 <span style="font-size: x-small;"><i>(Last, First)</i></span>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <span style="font-size: x-small;"><i>If checking "Ceremonial Role" or "Other" describe below:</i></span>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <span style="font-size: x-small;"><i>If checking "Ceremonial Role" or "Other" describe below:</i></span>
C. Name of Outside Organization <span style="font-size: x-small;"><i>(include address and description)</i></span>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland and Alameda County	2	To reward a nonprofit organization for their service to the general public

**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 <span style="font-size: x-small;">Print Name</span>	Supervisor <span style="font-size: x-small;">Title</span>	07/11/18 <span style="font-size: x-small;">(month, day, year)</span>
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Comment: \_\_\_\_\_



**Agency Report of:  
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**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> Nathan Miley Area Code/Phone Number      E-mail (510) 272-6694                  district4@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 78

Event Description: Oakland A's                                  Date(s) 8/ / 18 / 18  
*Provide Title/ Explanation*

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

Was ticket distribution made at the behest of agency official?    Yes  No     If yes: Nathan Miley  
*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 <span style="font-size: x-small;"><i>(Last, First)</i></span>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <span style="font-size: x-small;"><i>If checking "Ceremonial Role" or "Other" describe below:</i></span>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <span style="font-size: x-small;"><i>If checking "Ceremonial Role" or "Other" describe below:</i></span>
C. Name of Outside Organization <span style="font-size: x-small;"><i>(include address and description)</i></span>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland and Alameda County	2	To reward a nonprofit organization for their service to the general public

**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 <span style="font-size: x-small;">Print Name</span>	Supervisor <span style="font-size: x-small;">Title</span>	07/11/18 <span style="font-size: x-small;">(month, day, year)</span>
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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 Division, Department, or Region <i>(if applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Nathan Miley Area Code/Phone Number   E-mail (510) 272-6694   district4@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 \$ 78

Event Description: Oakland A's    Date(s) 8/ / 19 / 18  
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Nathan Miley  
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	2	To reward a nonprofit organization for their service to the general public

**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 <small>Print Name</small>	Supervisor <small>Title</small>	07/11/18 <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 Division, Department, or Region <i>(if applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Nathan Miley Area Code/Phone Number      E-mail (510) 272-6694                      district4@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 \$ 78

Event Description: Oakland A's      Date(s) 8/ / 20 / 18  
*Provide Title/ Explanation*

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

Was ticket distribution made at the behest of agency official?      Yes       No       If yes: Nathan Miley  
*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><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 <small>(include address and description)</small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland and Alameda County	2	To reward a nonprofit organization for their service to the general public

**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>	Nathan Miley <small>Print Name</small>	Supervisor <small>Title</small>	07/11/18 <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 <i>(if applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Nathan Miley			
Area Code/Phone Number (510) 272-6694	E-mail district4@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 \$ 78

Event Description: Oakland A's *Provide Title/ Explanation* Date(s) 8/ / 21 / 18

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Nathan Miley  
*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:
	Britta Johnson	2	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> To increase attendance at a county event or to an event hosted in a county facility
			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 with the requirements.

Signature of Agency Head or Designee: Nathan Miley Supervisor: \_\_\_\_\_  
Print Name Title 07/11/18  
(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> Nathan Miley Area Code/Phone Number      E-mail (510) 272-6694                      district4@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 \$ 78

Event Description: Oakland A's      Date(s) 8/ / 22 / 18  
*Provide Title/ Explanation*

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

Was ticket distribution made at the behest of agency official?      Yes       No       If yes: Nathan Miley  
*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 <span style="font-size: x-small;"><i>(Last, First)</i></span>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <span style="font-size: x-small;"><i>If checking "Ceremonial Role" or "Other" describe below:</i></span>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <span style="font-size: x-small;"><i>If checking "Ceremonial Role" or "Other" describe below:</i></span>
C. Name of Outside Organization <span style="font-size: x-small;"><i>(include address and description)</i></span>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
East Bay Community Foundation	22	To reward a nonprofit organization for their service to the general public

**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 <span style="font-size: x-small;">Print Name</span>	_____ Supervisor <span style="font-size: x-small;">Title</span>	_____ 07/11/18 <span style="font-size: x-small;"><i>(month, day, year)</i></span>
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Comment: \_\_\_\_\_



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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
County of Alameda			For Official Use Only
Division, Department, or Region (If Applicable)			
Sheriff's Office			
Designated Agency Contact (Name, Title)			
Casey Nice, Assistant Sheriff		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
510 208-9811	cnice@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 45.00

Event Description Smashing Pumpkins Concert    Date(s) 08 / 27 / 18 \_\_\_\_\_  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: Asst. Sheriff Casey Nice \_\_\_\_\_  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alameda County Sheriff's Office and County (GSA/HR) Employees	280	To promote attendance at an event held at County facility in order to maximize potential county revenue from parking and consession sales
B. Name of Individual <small>(Last, First)</small>	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.

<u>Charles Casey Nice</u> <small>Signature of Agency Head or Designee</small>	<u>Assistant Sheriff</u> <small>Print Name</small>	<u>09/05/2018</u> <small>Title</small>
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Comment: Tickets provided by AEG for Distribution to Alameda County Employees

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

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

A Public Document

<b>1. Agency Name</b>	Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda		
Division, Department, or Region (If Applicable)		
Sheriff's Office		
Designated Agency Contact (Name, Title)		
Casey Nice, Assistant Sheriff		
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)
510 208-9811	cnice@acgov.org	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 40.00

Event Description Hall and Oats Concert      Date(s) 08 / 07 / 18 \_\_\_\_\_  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?      No     Yes       If yes: Asst. Sheriff Casey Nice \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alameda County Sheriff's Office and County (GSA/HR) Employees	217	To promote attendance at an event held at County facility in order to maximize potential county revenue from parking and consession sales
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**

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

_____ signee	Charles Casey Nice Print Name	Assistant Sheriff Title	08/09/2018 (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		<b>Date Stamp</b>	<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: _____ <small>(Month, Day, Year)</small>	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Event Description Jeff Lynes FLO Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 200<sup>00</sup>

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

Date(s) 8, 2, 18

If no: Golden State Warriors Name of Source

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

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

## 3. Recipients

• Use Section 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:
Jenny Neilson	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; <span style="float:right">Income <input type="checkbox"/></span>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <span style="float:right">Income <input type="checkbox"/></span> <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 the 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 9/20/18  
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	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

Event Description Daryl & John Cates & Train  
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ 250<sup>00</sup>

Date(s) 8, 7, 18

If no: Golden State Warriors  
Name of Source

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

**3. Recipients**

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

A. <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. <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 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. <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
<u>Oakland Family History Center</u> <u>4766 Lincoln Ave Oakland.</u>	<u>4</u>	reward a school or nonprofit organization for its contributions to the community;

**4. Verification**

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

\_\_\_\_\_  
Briana Brown  
Print Name

\_\_\_\_\_  
Supervisor's Assistant  
Title

9/30/18  
(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) Briana Brown Area Code/Phone Number      E-mail 5102726695                      briana.brown2@acgov.org		Date Stamp	California Form <b>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 \$ 305.50

Event Description Raiders Game      Date(s) 8, 10, 18      8, 24, 18  
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: \_\_\_\_\_  
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. <span style="font-size: x-small;">Name of Agency, Department or Unit</span>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> <span style="font-size: x-small;">Name of Individual (Last, First)</span>	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <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;      Income <input type="checkbox"/>
<u>Chisom Obioach</u>		
<b>C.</b> <span style="font-size: x-small;">Name of Outside Organization (include address and description)</span>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>FRESHMIN</u>	<u>4</u>	health, motivate and provide expanded ities to vulnerable populations in the ch as the disabled, underprivileged, and youth in foster care. To promote motivate and provide expanded

**4. Verification**

I have read the 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                                      9/30/18  
Print Name                                      Title                                      (Month, Day, Year)

Comment: + Parking Pass

# 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 5102726695   briana.brown2@acgov.org		Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;">                     California Form <b>802</b>                      For Official Use Only                 </div> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>
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## 2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Event Description Bad Bunny Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 100

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

Date(s) 8, 26, 18

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

If no: Golden State Warriors Name of Source

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

## 3. Recipients

• Use Section 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:
<u>Karely Salto</u>	<u>2</u>	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; <span style="float: right;">Income <input type="checkbox"/></span>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <span style="float: right;">Income <input type="checkbox"/></span> <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.

Briana Brown Supervisor's Assistant 9/30/18  
nee 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 (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number   E-mail 5102726695   briana.brown2@acgov.org		Date Stamp	California Form <b>802</b> For Official Use Only
		<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

Event Description: J. Cole Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 100<sup>00</sup>

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

Date(s) 8/29/18

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

If no: Golden State Warriors Name of Source

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

## 3. Recipients

• Use Section 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>3</u>	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:
<u>Cameron Burks</u>	<u>5</u>	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; <span style="float: right;">Income <input type="checkbox"/></span> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <span style="float: right;">Income <input type="checkbox"/></span> <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.

\_\_\_\_\_  
Designee **Briana Brown** Print Name **Supervisor's Assistant** Title 10/15/18 (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 <i>(if applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Lee Ann Ferguson, Ticket Administrator		<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>	
Area Code/Phone Number 510-272-661	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 \$ \$45, \$35

Event Description: A's Baseball Date(s) 8 / 4 / 18 8 / 5 / 18  
*Provide Title/ Explanation*

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: 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:
St. Michael, Rebecca Edy, Derrick Hernandez, Kathleen	2, 2, 2	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><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*

Signature of Agency Head or Designee: \_\_\_\_\_ Lee Ann Ferguson \_\_\_\_\_ Ticket Administrator \_\_\_\_\_ 8/6/18 \_\_\_\_\_  
*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 <i>(if applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Lee Ann Ferguson, Ticket Administrator			
Area Code/Phone Number 510-272-661	E-mail leeann.fergerson@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 \$ 250.00

Event Description: Train, Darryl Hall & John Oats    Date(s) 8 / 7 / 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:
Rotter, Juni; Dennis, Mary Lou; Dennis, Steve; Dustman, Patti	4	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"/> <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)/ 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 \_\_\_\_\_ Ticket Administrator \_\_\_\_\_ 8/20/18 \_\_\_\_\_  
*(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) 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> (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 \$ 45.00

Event Description: A's Baseball      Date(s) 8 / 8 / 18  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?      Yes  No       If yes: 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
Information Technology Department	2	To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	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 (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*

Signature of Agency Head or Designee	Lee Ann Ferguson Print Name	Ticket Administrator Title	8/8/18 (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) Lee Ann Ferguson, Ticket Administrator		<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 \$ 305.55

Event Description: Raiders Exhibition Game Date(s) 8 / 10 / 18  
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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Williams, Anton	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"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

Signature of Agency Head or Designee: Lee Ann Ferguson Ticket Administrator 8/10/18  
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	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, Ticket Administrator		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 510-272-661	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 \$ 35.00

Event Description: A's Baseball Date(s) 8 / 14 / 18  
Provide Title/ Explanation

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

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

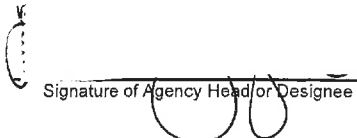
**3. Recipients**

• 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:
Thompson, Wanda	4	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 (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 verified the Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance


Lee Ann Ferguson
Ticket Administrator
8/20/18  
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.)	
Lee Ann Ferguson, Ticket Administrator			
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(month, day, year)</small>	
510-272-661	leeann.fergerson@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 40.00

Event Description: A's Baseball    Date(s) 8 / 17 / 18  
Provide Title/ Explanation

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

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

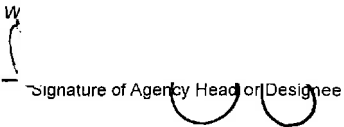
**3. Recipients**

• 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:
Markel, Marci	4	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input 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 with

	Lee Ann Ferguson	Ticket Administrator	8/20/18
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 (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Ferguson, Ticket Administrator Area Code/Phone Number   E-mail 510-272-661   leeann.fergerson@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: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 40.00

Event Description: A's Baseball    Date(s) 8 / 18 / 18  
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: 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:
Arthur, Catherine	4	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 (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

\_\_\_\_\_ Lee Ann Ferguson \_\_\_\_\_ 8/20/18  
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> Lee Ann Ferguson, Ticket Administrator Area Code/Phone Number   E-mail 510-272-6691   leeann.fergerson@acgov.org		Date Stamp	California Form <b>802</b> For Official Use Only
		<input type="checkbox"/> Amendment <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    Date(s) 8 / 24 / 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:
Louden, Charlie Johnstone, Holt	4/1	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input 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> </u>	Lee Ann Ferguson	Ticket Administrator	8/28/18
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<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		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region <i>(if applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Lee Ann Ferguson, Ticket Administrator		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>	
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 \$ 100.00

Event Description: Bad Bunny    Date(s) 8 / 26 / 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:
Cabrera, Stephanie	4	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"/> <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)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have verified that the distribution set forth above, is in accordance with California Public Access Regulations 18944.1 and 18942.

Lee Ann Ferguson
Ticket Administrator
8/29/18

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 <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"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> 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 \$ \_\_\_\_\_ tk

Event Description: J. Cole    Date(s) 8 / 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
District 5 Board of Supervisors	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development
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

**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
Ticket Administrator
8/29/18

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 (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number      E-mail (510) 272-6692                      Gabriela.Christy@acgov.org		Date Stamp	<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 \$ 200

Event Description Jeff Lynne's ELO      Date(s) 08 / 02 / 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?      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:
Johnstone, Andrew	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 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 <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 the requirements 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_ Gabriela Christy \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 1/8/19  
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) 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 \$ 250

Event Description Daryll Hall & John Oates and Train Date(s) 08 / 07 / 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? 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:
Leocario, Brenda	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 County employee for his or her exemplary service to the public or to encourage staff development
		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.

\_\_\_\_\_  
 Gabriela Christy                      Supervisor's Assistant                      1/0/19  
Print Name    Title    (Month, Day, Year)

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
Alameda County			For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			
Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>			
Gabriela Christy			
Area Code/Phone Number	E-mail	<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>	
(510) 272-6692	Gabriela.Christy@acgov.org	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 \$ \_\_\_\_\_ 305.55/35

Event Description Raiders vs. Lions    Date(s) 08 / 10 / 18  
*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:
Rodriquez, Robert	3/1	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
		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.*

\_\_\_\_\_ Gabriela Christy \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 1/9/19  
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 <b>Division, Department, or Region (If Applicable)</b> Board of Supervisors <b>Designated Agency Contact (Name, Title)</b> Gabriela Christy <b>Area Code/Phone Number</b> <b>E-mail</b> (510) 272-6692                      Gabriela.Christy@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 \$ 150

Event Description A.R. Rahman      Date(s) 08 / 18 / 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?      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:
Dhami, Tejinder	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 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 <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 \_\_\_\_\_  
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
<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors			
<b>Designated Agency Contact (Name, Title)</b> Gabriela Christy			
<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> Gabriela.Christy@acgov.org	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <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 \$ 305.55/35

Event Description Raiders vs. Packers Date(s) 08 / 24 / 18  
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	3/1	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 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 <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.

\_\_\_\_\_  
nee Gabriela Christy Print Name Supervisor's Assistant Title 1/9/19  
(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			
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: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Face Value of Each Ticket/Pass \$ 100

Event Description Bad Bunny Date(s) 08 / 26 / 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? No  Yes  If yes: Valle, Richard- Supervisor District 2  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Rodriguez, Roberto	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 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)/ 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 <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 1/2/19 <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	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			
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: _____ (Month, Day, Year)	

**2. Function or Event Information**

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

Event Description The Smashing Pumpkins Date(s) 08 / 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? 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:
Smith, Peter	<u>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 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 <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 \_\_\_\_\_ 11/01/19  
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 Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number      E-mail (510) 272-6692                      Gabriela.Christy@acgov.org		Date Stamp	<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 J. Cole      Date(s) 08 / 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?      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:
Nguyen, Long	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 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 <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.*

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      1/8/19  
gnee                      Print Name                      Title                      (Month, Day, Year)