

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, District 1			
Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail Leah.Doyle-Stevens@acgov.org		
		<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 \$ 36.00

Event Description: Oakland A's Game Date(s) 04 / 02 / 19  
Provide Title/ Explanation

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

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

## 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	2	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Garcia, Esmerelda	2	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

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

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



**A Public Document**

## 2. Function or Event Information

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

### 3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Alameda County Board of Supervisors, District 1	4	To reward a county employee for his or her exemplary service to the public.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <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

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



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

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 100.00

Event Description: Arijit Singh Date(s) 04 / 06 / 19  
Provide Title/ Explanation

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

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


**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dupender, T.J.	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"/> 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
 Leah Doyle-Stevens
 Ticket Administrator
 4/18/2019
 Print Name Title (month, day, year)

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



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

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<b>1. Agency Name</b> Alameda County Division, Department, or Region (if applicable) Board of Supervisors, District 1 Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Area Code/Phone Number      E-mail 510-272-6691      Leah.Doyle-Stevens@acgov.org		Date Stamp	<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 \$ 100.00

Event Description: The Millenium Tour (B2K)      Date(s) 04 / 12 / 19  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Giles, Alyssa	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 the Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Leah Doyle-Stevens
Ticket Administrator
4/18/2019  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

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



**Agency Report of:  
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<b>1. Agency Name</b> Alameda County Division, Department, or Region (if applicable) Board of Supervisors, District 1 Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Area Code/Phone Number      E-mail 510-272-6691      Leah.Doyle-Stevens@acgov.org		Date Stamp	<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 \$ 312.50

Event Description: Warriors Playoff Game      Date(s) 04 / 13 / 19  
Provide Title/ Explanation

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

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

**3. Recipients**

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

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

Leah Doyle-Stevens
Ticket Administrator
4/18/2019  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

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



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Division, Department, or Region (if applicable) Board of Supervisors, District 1			
Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail Leah.Doyle-Stevens@acgov.org		
		<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 \$ 312.50

Event Description: Warriors Playoffs Game Date(s) 04 / 15 / 19  
Provide Title/ Explanation

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

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

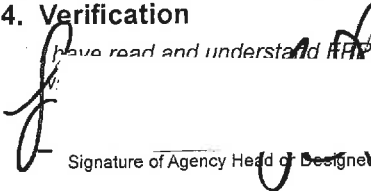

## 3. Recipients

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

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



 Leah Doyle-Stevens Ticket Administrator 4/18/2019  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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



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

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<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, District 1			
Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail Leah.Doyle-Stevens@acgov.org		
		<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 \$ 17.00

Event Description: Oakland A's Game Date(s) 04 / 17 / 19  
Provide Title/ Explanation

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

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


## 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Alameda County Fire Department	4	To reward a county employee for his or her exemplary service to the public.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		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


 Signature of Agency Head or Designee
 Leah Doyle-Stevens
 Ticket Administrator
 6/6/2019
 (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  <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	California Form <b>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 \$ 78.00

Event Description: A's Baseball Date(s) 4 / 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:
Krause, Sherry	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>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Lee Ann Ferguson  
Print Name

Ticket Administrator  
Title

6/27/18  
(month, day, year)

Comment:



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

A Public Document

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

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 250.00

Event Description: Snoop Dogg Date(s) 04 / 19 / 19  
Provide Title/ Explanation

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

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



## 3. Recipients

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:  To 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>
	Palacios, Monique	4	
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:



 Leah Doyle-Stevens Ticket Administrator 5/1/19  
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, District 1 Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Area Code/Phone Number      E-mail 510-272-6691                      Leah.Doyle-Stevens@acgov.org		Date Stamp  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>California Form 802</b>                      For Official Use Only                 </div> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(month, day, year)</span>
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**2. Function or Event Information**

Does the agency have a ticket policy?      Yes ☒ No ☐      Face Value of Each Ticket/Pass \$ 250.00

Event Description: Snoop Dogg Concert      Date(s) 04 / 19 / 19  
Provide Title/ Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Palacios, Monique	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.  To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
Perkins, Myra	2	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee

Leah Doyle-Stevens  
 Print Name

Ticket Administrator  
 Title

4/19/2019  
 (month, day, year)

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



**A Public Document**

## 2. Function or Event Information

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

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

## 4. Verification

6/6/2019  
(month, day, year)

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



**A Public Document**


## 2. Function or Event Information

Event Description: Oakland A's Game Date(s) 04 / 22 / 19      /      /     

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

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

#### 4. Verification


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

FPPC Form 802 (2/2016)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



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Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail Leah.Doyle-Stevens@acgov.org		
		<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 \$ 17.00

Event Description: Oakland A's Game Date(s) 04 / 23 / 19  
Provide Title/ Explanation

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

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

## 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Garcia, Esmerelda	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>
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## 4. Verification

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

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

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



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Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail Leah.Doyle-Stevens@acgov.org	<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 \$ 312.50

Event Description: Warriors Playoffs Game Date(s) 04 / 24 / 19  
Provide Title/ Explanation

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

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

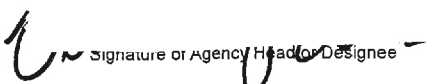
## 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Wente, Karl	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
McGrail, Shannon	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
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
 Leah Doyle-Stevens
 Ticket Administrator
 4/25/2019
 Print Name Title (month, day, year)

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



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Division, Department, or Region (if applicable) Board of Supervisors, District 1			
Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail Leah.Doyle-Stevens@acgov.org	<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 \$ 312.50

Event Description: Warriors Playoffs Game Date(s) 04 / 28 / 19  
Provide Title/Explanation

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

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


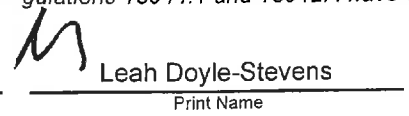

## 3. Recipients

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

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

## 4. Verification

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

Signature of Agency Head or Designee      Leah Doyle-Stevens      Ticket Administrator      5/3/2019  
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, District 1			
Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail Leah.Doyle-Stevens@acgov.org	<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 \$ 312.50

Event Description: Warriors Playoffs Game Date(s) 04 / 30 / 19  
Provide Title/ Explanation

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

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


## 3. Recipients

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

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


 Leah Doyle-Stevens
 Ticket Administrator
 5/3/2019  
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	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"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 350 / 30

Event Description GSWARRIORS VS. DENVER Date(s) 4 / 2 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: GOLDEN STATE WARRIORS  
Name of Source

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

<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:
		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 (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>CHRISTIAN YOUTH ORGANIZATION</u>	<u>4/1</u>	<u>to reward a non profit for its contributions to the community</u>
<u>Basketball - <del>1000</del> Our Lady of Peace</u>		
<u>703 C Street, Emeryville, CA 94607</u>		

**4. Verification**

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

\_\_\_\_\_ Designee  
 \_\_\_\_\_ Gabriela Christy Print Name  
 \_\_\_\_\_ Supervisor's Assistant Title  
 \_\_\_\_\_ 5/6/19 (Month, Day, Year)

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



April 5-2 copies

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

A Public Document

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

## 2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ 27

Event Description Oakland A's vs. Boston Red Sox  
Provide Title/Explanation

Date(s) 3/4, 2, 19 \_\_\_\_\_

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

If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? 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:
James, Brianna	2	<input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income
		To reward a community volunteer for his or her service to the public <input type="checkbox"/> Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

\_\_\_\_\_  
Gabriela Christy  
Print Name

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

5/9/19  
(Month, Day, Year)

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



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

A Public Document

1. Agency Name 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 \$ 150

Event Description Michael Buble Date(s) 4, 8, 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: \_\_\_\_\_  
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:
		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
<u>Interco Foundation</u> <u>positively impact growth &amp; well being of children &amp; be actively in the community presence</u>	<u>4</u>	<u>To reward a nonprofit for its contributions to the community</u>

## 4. Verification

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

Gabriela Christy

Print Name

Supervisor's Assistant

Title

5/6/19

(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) 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 \$ 27

Event Description Oakland A's vs Boston Red Sox Date(s) 4, 3, 19 4, 4, 19  
Provide Title/Explanation

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

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

**3. Recipients**

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

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

**4. Verification**

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

_____	Gabriela Christy	Supervisor's Assistant	<u>4/6/19</u>
<small>Signature</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>



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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	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 \$ 380

Event Description SWATERS VS. Cleveland Date(s) 4.5, 19 1  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: GOLDENSTATE WARRIORS  
Name of Source

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

**3. Recipients**

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

<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:
<u>Bakshi, Teena</u>	<u>4</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>
		To reward a community volunteer for his or her service to the public
		Income <input type="checkbox"/>
<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.

\_\_\_\_\_  
or Designee

Gabriela Christy  
Print Name

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

4/5/19  
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) 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 ARIJIT SINGH Date(s) 4, 6, 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: GOLDEN STATE WARRIORS  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: 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:
<u>Duranji, Teginder</u>	<u>4</u>	<input type="checkbox"/> Income To reward a community volunteer for his or her service to the public
		<input type="checkbox"/> Income If checking "Income"
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

\_\_\_\_\_ Designee  
 \_\_\_\_\_ Gabriela Christy Print Name  
 \_\_\_\_\_ Supervisor's Assistant Title  
 \_\_\_\_\_ 5/6/19 (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 \$ 350/30

Event Description GS Warriors vs. Lodiippers      Date(s) 4, 7, 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes ☐ No ☒      If no: GOLDEN STATE WARRIORS  
Name of Source

Was ticket distribution made at the behest of agency official?      No ☐ Yes ☒      If yes: 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:
<u>Johnstone, Andrew</u>	<u>4/1</u>	To reward a community volunteer for his or her service to the public <span style="float: right;">Income <input type="checkbox"/></span>
<u>Johnstone, Jerry</u>	<u>4/1</u>	To reward a community volunteer for his or her service to the public <span style="float: right;">Income <input type="checkbox"/></span>

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 <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>
	<u>5/6/19</u> <small>(Month, Day, Year)</small>



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

California **802**  
Form  
A Public Document

Agency Name

Alameda County

**3. Recipients**

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

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

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Chan, Christi	3/1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>
Ramos, Selena	3	To reward a community volunteer for his or her service to the public <input type="checkbox"/>
Amesquita, Francisco	3	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>
Zeremeno, Danny	3	To reward a community volunteer for his or her service to the public <input type="checkbox"/>

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



# 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 \$ 100

Event Description Weczer #PIXIES  
Provide Title/Explanation

Date(s) 4, 10, 19

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

If no: GOLDEN STATE WARRIORS  
Name of Source

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

If yes: Valle, Richard- Supervisor District 2  
Official's Name (Last, First)

## 3. Recipients

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

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

## 4. Verification

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

\_\_\_\_\_ Designee  
 \_\_\_\_\_ Gabriela Christy Print Name  
 \_\_\_\_\_ Supervisor's Assistant Title  
 \_\_\_\_\_ 5/6/19 (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) 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 the millennium tour  
Provide Title/Explanation

Date(s) 4, 12, 19

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

If no: GOLDEN STATE WARRIORS  
Name of Source

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

If yes: Valle, Richard- Supervisor District 2  
Official's Name (Last, First)

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:  Ceremonial Role <input type="checkbox"/> Income <input type="checkbox"/>  To reward a community volunteer for his or her service to the public  Income <input type="checkbox"/>
<u>SCOTT, DAVIDA</u>	<u>4</u>	
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.

1 \_\_\_\_\_ Gabriela Christy \_\_\_\_\_ Supervisor's Assistant 5/6/19  
esignee 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) 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 ☐

Event Description GS Warriors vs. LA Clippers  
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 \$ \_\_\_\_\_

Date(s) 4, 13, 19 4, 15, 19

If no: GOLDEN STATE WARRIORS  
Name of Source

If yes: Valle, Richard- Supervisor District 2  
Official's Name (Last, First)

## 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	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:
Flores, Indikia	411	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> To reward a community volunteer for his or her service to the public
Kennedy, Ottok	411	Income <input type="checkbox"/>
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.

ee Gabriela Christy Supervisor's Assistant 5/16/19  
 Print Name Title (Month, Day, Year)

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



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

A Public Document

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

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 17

Event Description Oakland As vs. Astros Date(s) 4, 16, 19 4, 17, 19  
Provide Title/Explanation

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

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

## 3. Recipients

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

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

## 4. Verification

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

\_\_\_\_\_ Gabriela Christy \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 5/6/19  
Signature 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) 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 \$ 250

Event Description Snoop Dogg Date(s) 4, 19, 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: GOLDEN STATE WARRIORS  
Name of Source

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

## 4. Verification

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

\_\_\_\_\_  
Signature      Gabriela Christy      Supervisor's Assistant      5/6/19  
Print Name      Title      (Month, Day, Year)

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



**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
Alameda County			
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.)  Date of Original Filing: _____ (Month, Day, Year)	
Gabriela Christy			
Area Code/Phone Number	E-mail		
(510) 272-6692	Gabriela.Christy@acgov.org		

## 2. Function or Event Information

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

Face Value of Each Ticket ~~Plus~~, \$ 24 27

Event Description Oakland A's vs. Toronto Blue Jays  
Provide Title/Explanation

Date(s) 4 / 19 / 19 4 / 20 / 19

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

If no: Oakland ATHLETICS  
Name of Source

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

If yes: Valle, Richard- Supervisor District 2  
*Official's Name (Last, First)*

### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Rodriguez, SARAH	2	<div data-bbox="1373 1243 1471 1266">Income <input type="checkbox"/></div> <p data-bbox="789 1283 1276 1356">To reward a community volunteer for his or her service to the public</p>
HERNANDEZ ROCIO	2	<div data-bbox="1373 1381 1471 1407">Income <input type="checkbox"/></div> <p data-bbox="803 1413 1193 1430">By entering ceremonial role or other describe below:</p> <p data-bbox="901 1446 1151 1480">" " " "</p>
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 FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

\_\_\_\_\_  
ignee  
Print Name

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

\_\_\_\_\_  
5/6/19  
(Month, Day, Year)

Comment:



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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45/20

Event Description Oakland A's vs. Toronto Blue Jays Date(s) 4 / 20 / 19  
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.

<b>A. Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
<u>Social Services Agency</u>	<u>18/3</u>	<u>To reward a comt employees for their ex-emp any service to the public</u>
<b>B. Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Identify one of the following:</b>
		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. Name of Outside Organization (include address and description)</b>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

**4. Verification**

I have read and understand FPCC 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 \_\_\_\_\_ 5/10/19  
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>		Date Stamp	<b>California Form 802</b> For Official Use Only
Alameda County			
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.)  Date of Original Filing: _____ (Month, Day, Year)	
Gabriela Christy			
Area Code/Phone Number	E-mail		
(510) 272-6692	Gabriela.Christy@acgov.org		

**2. Function or Event Information**

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

Face Value of Each Ticket/Pass \$ 27 / \$17

Event Description Oakland Athletics vs. Texas  
Provide Title/Explanation

Date(s) 4, 22, 19 4, 24, 19

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

If no: Oakland Athletics  
Name of Source

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

If yes: Valle, Richard- Supervisor District 2  
Official's Name (Last, First)

**3. Recipients**

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

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

**4. Verification**

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

Designee	Gabriela Christy	Supervisor's Assistant	5/6/19
	<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 <hr/> <b>Division, Department, or Region</b> (If Applicable) Board of Supervisors <hr/> <b>Designated Agency Contact</b> (Name, Title) Gabriela Christy <hr/> <table style="width:100%;"> <tr> <td style="width:50%;"><b>Area Code/Phone Number</b> (510) 272-6692</td> <td style="width:50%;"><b>E-mail</b> Gabriela.Christy@acgov.org</td> </tr> </table>		<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> Gabriela.Christy@acgov.org	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Date Stamp</b> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>California Form 802</b>                  For Official Use Only             </div> <div> <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  <b>Date of Original Filing:</b> _____                  (Month, Day, Year)             </div>
<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> Gabriela.Christy@acgov.org			

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐      Face Value of Each Ticket/Pass \$ 17

Event Description Oakland A's vs. Texas      Date(s) 4 / 23 / 19  
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:
		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
<u>San Jose 4-H P.O. Box 77, San Jose</u> <u>largest youth development organization in the nation helps young people to reach their full potential as competent, confident leaders &amp; characters who contribute &amp; are connected to their communities</u>	<u>2</u>	<u>To reward a school or nonprofit organization for its contributions to the community</u>

**4. Verification**

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

_____ Gabriela Christy <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>
_____ <small>ee</small>	<u>5/16/19</u> <small>(Month, Day, Year)</small>

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



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

A Public Document

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

## 2. Function or Event Information

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

Event Description GS Warriors W. Clippers Date(s) 4, 24, 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: GOLDEN STATE Warriors  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: 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:
<u>Loe, Chan V</u>	<u>4/1</u>	<input type="checkbox"/> Income To reward a community volunteer for his or her service to the public
		<input type="checkbox"/> Income
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.

\_\_\_\_\_ Designee  
 \_\_\_\_\_ Gabriela Christy Print Name  
 \_\_\_\_\_ Supervisor's Assistant Title  
 \_\_\_\_\_ 4/25/19 (Month, Day, Year)

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



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

A Public Document

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

## 2. Function or Event Information

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

Event Description GS Warriors vs. Rockets Date(s) 4, 28, 19 4, 30, 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: GOLDEN STATE WARRIORS  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: 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:
<u>Pryde, Tia</u>	<u>2/1</u>	<input type="checkbox"/> To reward a community volunteer for his or her service to the public <input type="checkbox"/> Income <input type="checkbox"/>
<u>Derkins, Cheryl</u>	<u>2/1</u>	<input type="checkbox"/> <u>11</u> <input type="checkbox"/> Income <input type="checkbox"/>
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.

\_\_\_\_\_  
d or Designee      Gabriela Christy      Supervisor's Assistant      5/6/19  
Print Name      Title      (Month, Day, Year)

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



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

California **802**  
Form  
A Public Document

Agency Name

Alameda County

**3. Recipients**

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

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

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Campbell, Belton Anika	2	To reward a community volunteer for his or her service to the public <span style="float: right;">Income <input type="checkbox"/></span>
ADAMS, Linda		<i>If checking "Ceremonial Role" or "Other" describe below:</i> <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> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <span style="float: right;">Income <input type="checkbox"/></span> <i>If checking "Ceremonial Role" or "Other" describe below:</i>

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



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

A Public Document

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

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 27

Event Description Baseball game Date(s) 04 / 03 / 19  
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:
Brekke-Miesner, Lukas	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.

Sarah Oddie

Supervisor's Assistant

05.06.2019

Print Name

Title

(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)



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

A Public Document

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

## 2. Function or Event Information

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

Event Description Michael Buble Provide Title/Explanation Date(s) 04 / 03 / 19

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: 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:
Danish, Cole	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.

\_\_\_\_\_ Sarah Oddie \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 04.29.2019  
Print Name Title (Month, Day, Year)

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



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

A Public Document

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

## 2. Function or Event Information

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

Event Description Weezer & Pixies Date(s) 04 / 10 / 19  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: 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:
Vilchis, Jeadí	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...
Rivas, Morelia	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

\_\_\_\_\_  
Signature Sarah Oddie Supervisor's Assistant 04.29.2019  
Print Name Title (Month, Day, Year)

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



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

A Public Document

1. Agency Name Alameda County		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: _____ (Month, Day, Year)	

## 2. Function or Event Information

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

Event Description The Millennium Tour Date(s) 04 / 12 / 19  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: 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
The East Oakland Collective, P.O. Box 5382, Oakland, CA 94605	4	To reward a school or nonprofit organization for its contributions to the community
Community building group in East Oakland		

## 4. Verification

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

<u>Sarah Oddie</u>	<u>Supervisor's Assistant</u>	<u>04.29.2019</u>
<small>nee</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

1. Agency Name 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: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$312.50 ticket/\$30 park

Event Description Basketball Game Date(s) 04 / 13 / 19  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: 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:
Cartwright, Dellie	2+p	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+p	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 <small>ee</small>	Supervisor's Assistant <small>Title</small>	04.29.2019 <small>(Month, Day, Year)</small>
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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

2. Function or Event Information

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

Event Description Basketball Game Provide Title/Explanation

Face Value of Each Ticket/Pass \$ \$312.50 ticket/\$30 park

Date(s) 04 / 13 / 19

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

If no: Golden State Warriors Name of Source

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

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

## 3. Recipients

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

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:
McCormick, Mike	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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  
 04.29.2019  
 (Month, Day, Year)

Comment:



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

A Public Document

1. Agency Name 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			
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: _____ (Month, Day, Year)	

2. Function or Event Information

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

Event Description Basketball Game  
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ \$312.50 ticket/\$30 park

Date(s) 04 / 15 / 19

If no: Golden State Warriors  
Name of Source

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

3. Recipients

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

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

4. Verification

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

Sarah Oddie Supervisor's Assistant 04.29.2019  
Print Name Title (Month, Day, Year)



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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 24

Event Description Baseball game Date(s) 04 / 19 / 19  
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:
Cheung, Tina	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 (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

\_\_\_\_\_ Sarah Oddie \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 05.06.2019  
Print Name Title (Month, Day, Year)

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



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

A Public Document

1. Agency Name Alameda County		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			
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: _____ (Month, Day, Year)	

## 2. Function or Event Information

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

Event Description Snoop Dogg Date(s) 04 / 19 / 19  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: 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:
Pumphrey, Tyra		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...
		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 04.29.2019  
Print Name Title (Month, Day, Year)

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



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

A Public Document

1. Agency Name Alameda County		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 \$ 27

Event Description Baseball game Date(s) 04 / 20 / 19  
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
SOS Meals on Wheels, 2235 Polvorosa Ave #260, San Leandro, CA 94577	2	To reward a school or nonprofit organization for its contributions to the community
Meal service for low-income homebound seniors		

## 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

05.06.2019

nee

Print Name

Title

(Month, Day, Year)

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



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

A Public Document

1. Agency Name Alameda County		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 \$ 24

Event Description Baseball game Date(s) 04 / 21 / 19  
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
SOS Meals on Wheels, 2235 Polvorosa Ave #260, San Leandro, CA 94577	2	To reward a school or nonprofit organization for its contributions to the community
Meal service for low-income homebound seniors		

## 4. Verification

I have read 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 \_\_\_\_\_ 05.06.2019  
Signature Print Name Title (Month, Day, Year)

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



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

A Public Document

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
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: _____ (Month, Day, Year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 17

Event Description Baseball game Date(s) 04 / 24 / 19  
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:
Murphy, Ann	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, Sarah Oddie, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie      Supervisor's Assistant      05.06.2019  
Print Name      Title      (Month, Day, Year)

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



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

A Public Document

1. Agency Name Alameda County		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			
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: _____ (Month, Day, Year)	

2. Function or Event Information

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

Event Description Basketball Game  
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ \$312.50 ticket/\$30 park

Date(s) 04 / 24 / 19

If no: Golden State Warriors  
Name of Source

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

3. Recipients

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

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

B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Staggers-Elmore, Celeste	2+p	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+p	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 \_\_\_\_\_  
regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_  
Signature

Sarah Oddie  
Print Name

\_\_\_\_\_  
Signature

Supervisor's Assistant  
Title

04.29.2019  
(Month, Day, Year)



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

A Public Document

1. Agency Name 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			
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: _____ (Month, Day, Year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$312.50 ticket/\$30 park

Event Description Basketball Game Date(s) 04 / 24 / 19  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: 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:
Wilson, Galen	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.

_____	Sarah Oddie	Supervisor's Assistant	04.29.2019
<small>signee</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

1. Agency Name 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 \$ \$312.50 ticket/\$30 park

Event Description Basketball Game Date(s) 04 / 28 / 19  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: 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:
Lam, Marianne	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 (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I hereby certify that the above information is true and correct. I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_ Sarah Oddie \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 04.29.2019  
Print Name Title (Month, Day, Year)

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



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

A Public Document

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

## 2. Function or Event Information

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

Event Description Basketball Game Date(s) 04 / 28 / 19  
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 \$ \$312.50 ticket/\$30 park

If no: Golden State Warriors  
Name of Source

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

## 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Chan, Carl	2+p	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+p	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 \_\_\_\_\_ 04.29.2019  
Signature Print Name Title (Month, Day, Year)

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

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



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

A Public Document

1. Agency Name 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			
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: _____ (Month, Day, Year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$312.50 ticket/\$30 park

Event Description Basketball Game Date(s) 04 / 30 / 19  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: 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:
Amgott-Kwan, Jared	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	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 verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_ Sarah Oddie \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 04.30.2019  
Print Name Title (Month, Day, Year)

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



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

A Public Document

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

2. Function or Event Information

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

Event Description Basketball Game  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ \$312.50 ticket/\$30 park

Date(s) 04 / 30 / 19

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

If no: Golden State Warriors  
Name of Source

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

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

## 3. Recipients

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

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:
Geisner, Benjamin	2+p	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+p	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Signature of Agency Head or Designee: Sarah Oddie      Supervisor's Assistant: 04.30.2019  
Print Name      Title      (Month, Day, Year)

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

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



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

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, Fourth District			
Designated Agency Contact (Name, Title) Nathan Miley			
Area Code/Phone Number (510) 272-6694	E-mail district4@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

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

Event Description: Golden State Warriors Date(s) 4 / 2 / 19  
Provide Title/Explanation

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

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

## 3. Recipients

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

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:
Aguilar, Eva	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 increase attendance... to maximize profit
Franklin, 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 increase attendance... to maximize profit
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

\_\_\_\_\_  
Signature      Nathan Miley      Supervisor, Fourth District      05/01/19  
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		Date Stamp	<b>California Form 802</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Board of Supervisors, Fourth District			
<b>Designated Agency Contact</b> (Name, Title) Nathan Miley			
<b>Area Code/Phone Number</b> (510) 272-6694	<b>E-mail</b> district4@acgov.org	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

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

Event Description: Golden State Warriors Date(s) 4 / 5 / 19  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Walker, Christina	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 increase attendance... to maximize profit
		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
Hayward Arts Council	2	To reward a nonprofit organization for their service to general public... to increase attendance

**4. Verification**

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

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

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



**A Public Document**

## 2. Function or Event Information

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

### 3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Paul, Gary	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... maximize profit...
		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 the requirements.*

<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Signee	Print Name	Title	(month, day, year)
	Nathan Miley	Supervisor, Fourth District	5/1/19

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, Fourth District <b>Designated Agency Contact (Name, Title)</b> Nathan Miley, Supervisor, Fourth District <b>Area Code/Phone Number</b> <b>E-mail</b> (510) 272-6694      district4@acgov.org		Date Stamp  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: _____ (month, day, year)
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## 2. Function or Event Information

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

Event Description: Golden State Warriors      Date(s) 4 / 15 / 19  
Provide Title/ Explanation

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

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

## 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Pete, Geoffrey	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 increase attendance... maximize profit...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Nathan Miley      Supervisor, Fourth District      5/1/19  
 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 <hr/> <b>Division, Department, or Region</b> (if applicable) Board of Supervisors, Fourth District <hr/> <b>Designated Agency Contact</b> (Name, Title) Nathan Miley, Supervisor, Fourth District <hr/> <table style="width:100%;"> <tr> <td style="width:50%;"><b>Area Code/Phone Number</b></td> <td style="width:50%;"><b>E-mail</b></td> </tr> <tr> <td>(510) 272-6694</td> <td>district4@acgov.org</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	(510) 272-6694	district4@acgov.org	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>Date Stamp</b> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>California Form 802</b>                  For Official Use Only             </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)             </div> <div style="border: 1px solid black; padding: 5px;"> <b>Date of Original Filing:</b> _____                  (month, day, year)             </div>
<b>Area Code/Phone Number</b>	<b>E-mail</b>					
(510) 272-6694	district4@acgov.org					

**2. Function or Event Information**

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

Event Description: Golden State Warriors    Date(s) 4 / 24 / 19

Provide Title/ Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Paul, Gary	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 increase attendance... maximize profit...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

_____ Nathan Miley <small>Print Name</small>	_____ Supervisor, Fourth District <small>Title</small>	_____ 5/1/19 <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 <hr/> <b>Division, Department, or Region (if applicable)</b> Board of Supervisors, Fourth District <hr/> <b>Designated Agency Contact (Name, Title)</b> Nathan Miley, Supervisor, Fourth District <hr/> <table style="width:100%;"> <tr> <td style="width:50%;"><b>Area Code/Phone Number</b></td> <td style="width:50%;"><b>E-mail</b></td> </tr> <tr> <td>(510) 272-6694</td> <td>district4@acgov.org</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	(510) 272-6694	district4@acgov.org	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>California Form 802</b>  <small>For Official Use Only</small> </div> <hr/> <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <hr/> <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>
<b>Area Code/Phone Number</b>	<b>E-mail</b>					
(510) 272-6694	district4@acgov.org					

**2. Function or Event Information**

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

Event Description: Golden State Warriors Date(s) 4 / 28 / 19  
Provide Title/ Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Halbert, David	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 increase attendance... maximize profit...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

_____ <small>signee</small>	Nathan Miley <small>Print Name</small>	Supervisor, Fourth District <small>Title</small>	5/1/19 <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>		Date Stamp	<b>California Form 802</b> For Official Use Only
Alameda County			
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Briana Brown			
Area Code/Phone Number	E-mail		
(510) 272-6618	briana.brown2@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 312.50

Event Description Warriors vs. Clippers Date(s) 04 / 14 / 19  
Provide Title/Explanation

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

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

**3. Recipients**

• Use Section 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
D5	4	To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <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**

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

\_\_\_\_\_  
Print Name Briana Brown Title Supervisor's Assistant 4/30/19  
(Month, Day, Year)

Comment: Parking Pass: \$30.00



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

A Public Document

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title) Briana Brown			
Area Code/Phone Number (510) 272-6618	E-mail briana.brown2@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 \$ 312.50

Event Description Warriors vs. Clippers Date(s) 04 / 15 / 19  
Provide Title/Explanation

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

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

## 3. Recipients

• Use Section 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
D5	4	To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <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

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

Briana Brown

Supervisor's Assistant

Print Name

Title

4/30/19  
(Month, Day, Year)

Comment: Parking Pass: \$30.00



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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title) Briana Brown			
Area Code/Phone Number (510) 272-6618	E-mail briana.brown2@acgov.org	<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 \$ 312.50

Event Description Warriors vs. Clippers Date(s) 04 / 24 / 19  
Provide Title/Explanation

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

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

## 3. Recipients

• Use Section 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
D5	4	To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <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

8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Briana Brown

Supervisor's Assistant

Print Name

Title

4/30/19  
(Month, Day, Year)

Comment: Parking Pass: \$30.00



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

A Public Document

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title) Briana Brown			
Area Code/Phone Number (510) 272-6618	E-mail briana.brown2@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 \$ 312.50

Event Description Warriors vs. Rockets Date(s) 04 / 28 / 19  
Provide Title/Explanation

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

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

## 3. Recipients

• Use Section 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
D5	4	To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <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, \_\_\_\_\_, 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_  
Print Name Briana Brown Title Supervisor's Assistant 4/30/19  
(Month, Day, Year)

Comment: Parking Pass: \$30.00



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

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<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
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Area Code/Phone Number (510) 272-6618	E-mail briana.brown2@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 312.50

Event Description Warriors vs. Rockets Date(s) 04 / 30 / 19  
Provide Title/Explanation

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

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

**3. Recipients**

• Use Section 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
D5	4	To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <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 hereby certify that the distribution of tickets and passes conforms to the requirements of the Government Code Sections 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

\_\_\_\_\_  
04/30/14  
(Month, Day, Year)

Comment: Parking Pass: \$30.00