

**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		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 5102726695	E-mail briana.brown2@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 90⁰⁰ / 45⁰⁰

Event Description BaseBall Game Date(s) 9 / 1 / 18 9 / 5 / 18
Provide Title/Explanation

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

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

3. Recipients

• Use Section A to identify the agency's celebration or event. • 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"/> If checking "Ceremonial Role" or "Other" describe below:
<u>James Brown</u>	<u>2</u>	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales; 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.

 Briana Brown Supervisor's Assistant
Print Name Title

 9/30/18
(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 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Designated Agency Contact (Name, Title) Briana Brown			
Area Code/Phone Number 5102726695	E-mail briana.brown2@acgov.org	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 90⁰⁰ / \$45⁰⁰

Event Description BaseBall Game Date(s) 09 / 1 / 18 9 / 5 / 18
Provide Title/Explanation

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

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

3. Recipients

• Use Section A to identify the agency, department or unit. • Use Section E to identify an individual. • Use Section C to identify an outside organization.

A. <small>Name of Agency, Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>North Hills Community Assoc PO Box 5844 Berkeley</u>	<u>8</u>	<u>reward a school or nonprofit organization for its contributions to the community;</u>
<u>California Northwest Education Department Emeraldville CA</u>	<u>4</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.

Briana Brown
Print Name
Supervisor's Assistant
Title
9/30/18
(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 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 5102726695	E-mail briana.brown2@acgov.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Sam Smith
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 200⁰⁰

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

Date(s) 9, 4, 18

If no: Oakland Athletics
Name of Source

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

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

3. Recipients

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

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

4. Verification

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

Briana Brown Supervisor's Assistant
Print Name Title

9/30/18
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region (If Applicable) Board of Supervisors <hr/> Designated Agency Contact (Name, Title) Briana Brown <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Area Code/Phone Number 5102726695</td> <td style="width:50%; border: none;">E-mail briana.brown2@acgov.org</td> </tr> </table>		Area Code/Phone Number 5102726695	E-mail briana.brown2@acgov.org	Date Stamp <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	California Form 802 For Official Use Only
Area Code/Phone Number 5102726695	E-mail briana.brown2@acgov.org				

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 100⁰⁰

Event Description BaseBall Game Provide Title/Explanation Date(s) 9 / 5 / 10

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

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

3. Recipients

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

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

4. Verification

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

 Briana Brown Supervisor's Assistant 9/30/10
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number E-mail 5102726695 briana.brown2@acgov.org		Date Stamp <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	California Form 802 For Official Use Only
--	--	--	---

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 802

Event Description BaseBall Game Date(s) 9 / 5 / 18
Provide Title/Explanation

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

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

3. Recipients

• Use Section A to identify the agency's division 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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>City Slicker Farms</u> <u>2847 Penalta St Oakland</u>	<u>4</u>	reward a school or nonprofit organization for its contributions to the community;

4. Verification

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

_____ Briana Brown _____ Supervisor's Assistant _____ 9/20/18
Print Name Title (Month, Day, Year)

Comment: + Parking Pass (2)

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		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number 5102726695	E-mail briana.brown2@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 35⁰⁰

Event Description BaseBall Game Date(s) 9 / 9 / 18 9 / 19 / 18
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? 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
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>
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
<u>U.C. Berk LGBT student center</u>	<u>4</u>	<u>reward a school or nonprofit organization for its contributions to the community;</u>
<u>Center For Community Change & Empowerment</u>	<u>4</u>	

4. Verification

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

 Briana Brown Supervisor's Assistant 10/15/18
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	<div style="border: 1px solid black; padding: 5px;"> California Form 802 For Official Use Only </div>
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Briana Brown			
Area Code/Phone Number 5102726695	E-mail briana.brown2@acgov.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 305⁰⁰

Event Description Raiders Game Date(s) 9, 10, 10
Provide Title/Explanation

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

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

3. Recipients

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

A. <small>Name of Agency, Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>DB</u>	<u>4</u>	To reward a County employee for his or her exemplary service to the public or to encourage staff development;
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Paul Gutierrez</u>	<u>4</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales; <input type="checkbox"/>
C. <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Briana Brown Supervisor's Assistant 9/30/18
Print Name Title (Month, Day, Year)

Comment: + Parking Pass

**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)	
Briana Brown			
Area Code/Phone Number	E-mail		
5102726695	briana.brown2@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Rolling Loud Bay Area
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 \$ 200⁰⁰

Date(s) 9, 16, 18

If no: Oakland Athletics
Name of Source

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

3. Recipients

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

4. Verification

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

Briana Brown
Print Name

Supervisor's Assistant
Title

10/15/18
(Month, Day, Year)

Comment: _____

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

A Public Document

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		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 5102726695	E-mail briana.brown2@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 78⁰⁰

Event Description BaseBall Game Date(s) 9/23/ _____
Provide Title/Explanation

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

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

3. Recipients

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

A. <small>Name of Agency, Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Peter Pan COOP Nursery school</u> <u>Play Based School support</u> <u>early learning and Education</u>	<u>18</u>	reward a school or nonprofit organization for its contributions to the community;

4. Verification

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

ee **Briana Brown** **Supervisor's Assistant** 10/15/18
Print Name Title (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 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Designated Agency Contact (Name, Title)			
Briana Brown			
Area Code/Phone Number	E-mail		
5102726695	briana.brown2@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 97.55

Event Description TGP RANK World Championship Boxing Date(s) 9, 28, 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden Gate 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Jason Jones</u>	<u>4</u>	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales; Income <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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 Briana Brown Supervisor's Assistant
Print Name Title

9/30/18
(Month, Day, Year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

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

Event Description Football game Date(s) 09 / 10 / 18
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, 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:
Gordon, James	3+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	3+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

_____ Sarah Oddie <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 09.25.2018 <small>(Month, Day, Year)</small>
---	---	--

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

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region (If Applicable) Board of Supervisors <hr/> Designated Agency Contact (Name, Title) Sarah Oddie <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> Area Code/Phone Number (510) 272-6693 </td> <td style="width:50%; border: none;"> E-mail sarah.oddie@acgov.org </td> </tr> </table>		Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org	Date Stamp <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org				

2. Function or Event Information

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

Event Description Football game Date(s) 09 / 30 / 18
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, 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:
Angulo, Jesus	3+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	3+1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

_____ Sarah Oddie <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 09.25.2018 <small>(Month, Day, Year)</small>
---	---	--

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

A Public Document

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

2. Function or Event Information

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

Event Description Sam Smith Date(s) 09 / 04 / 18
Provide Title/Explanation

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

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

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

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

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

Sarah Oddie	Supervisor's Assistant	09.25.2018
_____ <i>Signature</i>	_____ <i>Print Name</i>	_____ <i>Title</i>

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

A Public Document

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

2. Function or Event Information

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

Event Description Childish Gambino Date(s) 09 / 27 / 18
Provide Title/Explanation

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

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

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

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

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

_____ signee Sarah Oddie <i>Print Name</i>	_____ Supervisor's Assistant <i>Title</i>	_____ 09.25.2018 <i>(Month, Day, Year)</i>
--	--	---

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

A Public Document

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

2. Function or Event Information

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

Event Description BTS Date(s) 09 / 12 / 18
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		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
Asian Health Services, 101 8th St, Oakland, CA 94607	4	To reward a school or nonprofit organization for its contributions to the community
Health care services for underserved Asian populations		

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>Designee Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 09.25.2018 <small>(Month, Day, Year)</small>
---	---	--

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

2. Function or Event Information

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

Event Description J Balvin Date(s) 09 / 20 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Calpotura, Francis	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
The Unity Council, 1900 Fruitvale Ave Suite 2A, Oakland, CA 94601	2	To reward a school or nonprofit organization for its contributions to the community
Social equity development nonprofit in Oakland		

4. Verification

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

_____ <small>or Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	09.25.2018 <small>(Month, Day, Year)</small>
-------------------------------------	--	--	---

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **\$97.55**

Event Description World Championship Boxing Date(s) 09 / 28 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (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
Deputy Sheriff's Activities League, 16335 E 14th St, San Leandro, CA 94578	4	To reward a school or nonprofit organization for its contributions to the community
Youth sports/activities league in unincorporated Alameda County		

4. Verification

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

Sarah Oddie Supervisor's Assistant 09, 30, 2018
d or Designee Print Name Title (Month, Day, Year)

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

A Public Document

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

2. Function or Event Information

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

Event Description Basketball Game Date(s) 09 / 30 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Kubo, Theresa	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...
Dagenais, Alison	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 (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 _____ <small>sd or Designee</small>	Sarah Oddie _____ <small>Print Name</small>	Supervisor's Assistant _____ <small>Title</small>	10.01.2018 _____ <small>(Month, Day, Year)</small>
--	---	---	--

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$40

Event Description Baseball game Date(s) 09 / 01 / 18 _____
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Austin, Gwen	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	09.25.2018
<small>Resignee</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

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$90 ticket/\$20 parking

Event Description Baseball game Date(s) 09 / 01 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Bazely, Toby	3+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...
	3+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 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>Print Name</small>	Supervisor's Assistant <small>Title</small>	09.25.2018 <small>(Month, Day, Year)</small>
--	--	--	---

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Sarah Oddie Area Code/Phone Number E-mail (510) 272-6693 sarah.oddie@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 \$ _____ \$35

Event Description Baseball game Date(s) 09 / 02 / 18 _____
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alameda County Social Services Agency, 2000 San Pablo, Oakland CA	2	To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
Public agency		

4. Verification

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

_____	Sarah Oddie	Supervisor's Assistant	09.25.2018
nee	Print Name	Title	(Month, Day, Year)

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

A Public Document

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

2. Function or Event Information

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

Event Description Baseball game Date(s) 09 / 04 / 18
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

_____ <small>Signature</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	09.25.2018 <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 802 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 \$ \$100 ticket/\$20 parking

Event Description Baseball game Date(s) 09 / 04 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		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
SanLeandro Chamber of Commerce, 120 Estudillo Ave, San Leandro, CA 94577	6+1p	To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
Business support organization in San Leandro		

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>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	09.25.2018 <small>(Month, Day, Year)</small>
--------------------------------	--	--	---

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

A Public Document

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

2. Function or Event Information

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

Event Description Baseball game Date(s) 09 / 04 / 18
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		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
St. Joseph Notre Dame High School, 1011 Chestnut St, Alameda, CA 94501	6+1p	To reward a school or nonprofit organization for its contributions to the community
School in Alameda		

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

Sarah Oddie	Supervisor's Assistant	09.25.2018	
<small>Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
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.)	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

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

Event Description Baseball game Date(s) 09 / 04 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		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
San Leandro Boys+Girls Club, 401 Marina Blvd, San Leandro, CA 94577	6+1p	To reward a school or nonprofit organization for its contributions to the community
Youth services/program nonprofit in San Leandro		

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>esignee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	09.25.2018 <small>(Month, Day, Year)</small>
---------------------------------	--	--	---

Comment: _____

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

A Public Document

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

2. Function or Event Information

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

Event Description Baseball game Date(s) 09 / 05 / 18
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

_____ <small>Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	09.25.2018 <small>(Month, Day, Year)</small>
----------------------------------	--	--	---

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **40**

Event Description Baseball game Date(s) 09 / 07 / 18 _____
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	09.25.2018
jnee	Print Name	Title	(Month, Day, Year)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **40**

Event Description Baseball game Date(s) 09 / 08 / 18
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

 _____ <small>esignee</small>	Sarah Oddie _____ <small>Print Name</small>	Supervisor's Assistant _____ <small>Title</small>	09.25.2018 _____ <small>(Month, Day, Year)</small>
-------------------------------------	---	---	--

**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: _____ <small>(Month, Day, Year)</small>	
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 \$ 90 ticket/20 park

Event Description Baseball game Date(s) 09 / 08 / 18
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

_____ <small>esignee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	09.25.2018 <small>(Month, Day, Year)</small>
---------------------------------	--	--	---

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 90 ticket/20 park

Event Description Baseball game Date(s) 09 / 08 / 18 _____/_____/_____

Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

_____ <small>Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	09.25.2018 <small>(Month, Day, Year)</small>
----------------------------------	--	--	---

**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) Sarah Oddie		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510) 272-6693	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 \$ _____ **90 ticket**

Event Description Baseball game Date(s) 09 / 08 / 18 _____ / _____ / _____
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

_____ <small>Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	09.25.2018 <small>(Month, Day, Year)</small>
----------------------------------	--	--	---

**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) 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 \$ 90 ticket/20 park

Event Description Baseball game Date(s) 09 / 08 / 18
Provide Title/Explanation

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

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


3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Geisner, Benjamin	4+1p	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	4+1p	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 _____ <small>signee</small>	Sarah Oddie _____ <small>Print Name</small>	Supervisor's Assistant _____ <small>Title</small>	09.25.2018 _____ <small>(Month, Day, Year)</small>
---	---	---	--

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 90 ticket/\$40 MVP

Event Description Baseball game Date(s) 09 / 08 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Milkie, Anne	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...event held at a County facility...maximize potential County revenue...concession sales
	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 <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 10.01.2018 <small>(Month, Day, Year)</small>
---	---	--

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$78 ticket/\$20 parking

Event Description Baseball game Date(s) 09 / 09 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Building Futures Women+Children, 1395 Bancroft Ave, San Leandro, CA 94577	18+3p	To reward a school or nonprofit organization for its contributions to the community
Domestic violence shelter + advocacy group		

4. Verification

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

_____	Sarah Oddie	Supervisor's Assistant	09.25.2018
<small>nee</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

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

2. Function or Event Information

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

Event Description Baseball game Date(s) 09 / 09 / 18 _____
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Satellite Affordable Housing Associates, 1835 Alcatraz Ave, Berkeley, CA 94703	2	To reward a school or nonprofit organization for its contributions to the community
Affordable housing development + advocacy		

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.

_____ r Designee	Sarah Oddie Print Name	Supervisor's Assistant Title	09.25.2018 (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 802 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: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org		

2. Function or Event Information

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

Event Description Baseball game Date(s) 09 / 18 / 18 _____
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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>Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	09.25.2018 <small>(Month, Day, Year)</small>
----------------------------------	--	--	---

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

A Public Document

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

2. Function or Event Information

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

Event Description Baseball game Date(s) 09 / 19 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		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
Assumption Catholic School, 1851 136th Ave, San Leandro, CA 94578	2	To reward a school or nonprofit organization for its contributions to the community
School in San Leandro		

4. Verification

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

_____ <small>Signature</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	09.25.2018 <small>(Month, Day, Year)</small>
-----------------------------------	--	--	---

Comment: _____

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

A Public Document

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

2. Function or Event Information

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

Event Description Baseball game Date(s) 09 / 20 / 18 _____
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

Sarah Oddie	Supervisor's Assistant	09.25.2018
.signee	Print Name	Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region (If Applicable) Board of Supervisors <hr/> Designated Agency Contact (Name, Title) Sarah Oddie <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:25%; border: none;">Area Code/Phone Number</td> <td style="border: none;">E-mail</td> </tr> <tr> <td style="border: none;">(510) 272-6693</td> <td style="border: none;">sarah.oddie@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-6693	sarah.oddie@acgov.org	Date Stamp <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> California Form 802 For Official Use Only </td> </tr> </table>	California Form 802 For Official Use Only
Area Code/Phone Number	E-mail							
(510) 272-6693	sarah.oddie@acgov.org							
California Form 802 For Official Use Only								

2. Function or Event Information

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

Event Description Baseball game Date(s) 09 / 20 / 18 _____ / _____ / _____
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

_____	Sarah Oddie	Supervisor's Assistant	09.25.2018
<small>or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie <table style="width:100%; border: none;"> <tr> <td style="width:25%; border: none;">Area Code/Phone Number (510) 272-6693</td> <td style="border: none;">E-mail sarah.oddie@acgov.org</td> </tr> </table>		Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org	Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org				
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>			

2. Function or Event Information

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

Event Description Baseball game Date(s) 09 / 22 / 18 _____
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Afrikan Black Coalition, 12651 San Pablo Ave., Richmond, CA 94805	2	To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
Student leadership & empowerment		

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>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 09.26.2018 <small>(Month, Day, Year)</small>
---	---	--

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) 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 \$ _____ \$90 ticket

Event Description Baseball game Date(s) 09 / 22 / 18 _____ / _____ / _____
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Afghan Coalition, 39155 Liberty St D-460, Fremont, CA 94538	3	To reward a school or nonprofit organization for its contributions to the community
Afghan refugee+immigrant service provider		

4. Verification

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

_____ <small>Signature</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	09.25.2018 <small>(Month, Day, Year)</small>
-----------------------------------	--	--	---

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 2px;">Area Code/Phone Number (510) 272-6693</td> <td style="width:75%; padding: 2px;">E-mail sarah.oddie@acgov.org</td> </tr> </table>		Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@acgov.org	Date Stamp	California Form 802 For Official Use Only
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 \$ _____ **\$35**

Event Description Baseball game Date(s) 09 / 23 / 18 _____
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Lakeside Senior Apt., 1507 2nd Ave, Oakland, CA 94606	2	To reward a school or nonprofit organization for its contributions to the community
Affordable housing apartment complex		

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>Designee</small>	Sarah Oddie <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	09.25.2018 <small>(Month, Day, Year)</small>
----------------------------------	--	--	---

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

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region (if applicable) Board of Supervisors <hr/> Designated Agency Contact (Name, Title) Lee Ann Ferguson, Ticket Administrator <hr/> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Area Code/Phone Number 510-272-6691</td> <td style="width:50%;">E-mail leeann.fergerson@acgov.org</td> </tr> </table>		Area Code/Phone Number 510-272-6691	E-mail leeann.fergerson@acgov.org	Date Stamp 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> California Form 802 </td> </tr> <tr> <td style="text-align: center; font-size: small;"> For Official Use Only </td> </tr> </table>	California Form 802	For Official Use Only
Area Code/Phone Number 510-272-6691	E-mail leeann.fergerson@acgov.org						
California Form 802							
For Official Use Only							
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)					

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 90.00

Event Description: A's Date(s) 9 / 3 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes No If yes: 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:
Velez, Norberto	18/3	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
 _____ *C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance*

	Lee Ann Ferguson	Ticket Administrator	9/4/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Alameda County			For Official Use Only
Division, Department, or Region (if applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Lee Ann Ferguson, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
501-272-6691	leeann.fergerson@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 200.00

Event Description: Sam Smith Date(s) 9 / 4 / 18
Provide Title/ Explanation

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

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

3. Recipients

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

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

Lee Ann Ferguson
Ticket Administrator
8/27/18
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name ALAMEDA COUNTY		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) BOARD OF SUPERS			
Designated Agency Contact (Name, Title) LEE ANN FERGERSON		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 510-272-6691	E-mail LEEANN.FERGERSON@ACGOV.ORG		

2. Function or Event Information

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

Event Description: A'S BASEBALL Date(s) 9 / 7 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes No If yes: 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
GSA DEPARTMENT	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. Name of Individual (Last, First)	Number of Ticket(s)/ 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 the regulations.

LEE ANN FERGERSON
TICKET ADMINISTRATOR
9/10/18

Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

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

Event Description: Raiders Date(s) 9 / 10 / 18
Provide Title/ Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Davidson, Allen	4/1	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (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	Ticket Administrator	9/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

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

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 35.00

Event Description: Baseball Date(s) 9 / 18 / 18
Provide Title/Explanation

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

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

3. Recipients

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

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

Signature of Agency Head or Designee

Lee Ann Ferguson Ticket Administrator 8/24/18
Print Name Title (month, day, year)

Comment: _____

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

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 35.00

Event Description: Baseball Date(s) 9 / 18 / 18
Provide Title/Explanation

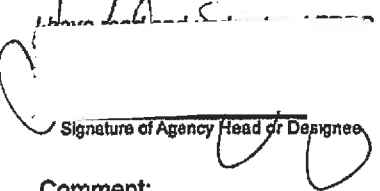
Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics
Name of Source

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Livermore Unified School District	2	To reward a school or non-profit organization for its contributions to the community
685 East Jack London Boulevard Livermore, CA 94551-1855		

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

Signature of Agency Head or Designee: 

Lee Ann Ferguson Ticket Administrator 8/24/18
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 802
Division, Department, or Region (if applicable) Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Ticket Administrator			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number 510-272-6691	E-mail leeann.fergerson@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 35.00

Event Description: Baseball Date(s) 9 / 18 / 18
Provide Title/Explanation

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

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

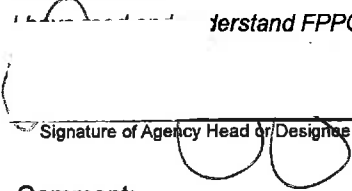
3. Recipients

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

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

	Lee Ann Ferguson	Ticket Administrator	8/24/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 35.00

Event Description: Baseball Date(s) 9 / 18 / 18
Provide Title/Explanation

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

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

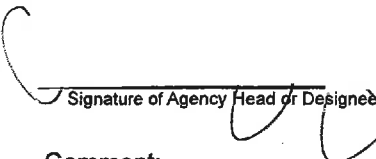
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Livermore Unified School District	2	To reward a school or non-profit organization for its contributions to the community
685 East Jack London Boulevard Livermore, CA 94551-1855		

4. Verification

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


Lee Ann Ferguson
Ticket Administrator
8/24/18
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 35.00

Event Description: Baseball Date(s) 9 / 23 / 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)

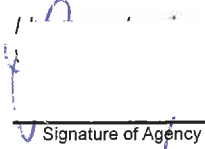
3. Recipients

• 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:
		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
Alameda County School Board Association 68 Via Matero San Lorenzo, CA 94580	4	To reward a school or non-profit organization for its contributions to the community

4. Verification

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


Lee Ann Ferguson
Ticket Administrator
7/25/18
Signature of Agency I
Print Name
Title
(month, day, year)

Comment: Contact Person: Penny Peck, Vice President Alameda County School Board Association

**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) Lee Ann Ferguson, Ticket Administrator		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number 510-272-691	E-mail leeann.fergerson@acgov.org		

2. Function or Event Information

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

Event Description: Warriors/Timberwolves Date(s) 9 / 29 / 18
Provide Title/ Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Paxton, Chris	4/1	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Signature of Agency Head or Designee: [Signature] Lee Ann Ferguson Ticket Administrator 9/30/18
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
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Ferguson, Ticket Administrator
Area Code/Phone Number
510-272-6691
E-mail
leeann.fergerson@acgov.org
Date Stamp
California Form 802
For Official Use Only
Amendment (Must Provide Explanation in Part 3.)
Date of Original Filing: (month, day, year)

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [] Face Value of Each Ticket/Pass \$ 304.80
Event Description: Warriors/Timberwolves Date(s) 9 / 29 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes [X] No [] If no: GSW Name of Source
Was ticket distribution made at the behest of agency official? Yes [X] No [] If yes: Haggerty, Scott Official's Name (Last, First)

3. Recipients
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Identify one of the following: Ceremonial Role [] Other [] Income []
If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy
Chaset, Nick 4 To reward a school or non-profit organization for its contributions to the community.
1111 Broadway, 3rd floor Oakland, CA 94607

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: Lee Ann Ferguson Ticket Administrator 9/27/18
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 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

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

Event Description: Raiders football game Date(s) 9 / 30 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Luna, Manuel	4/1	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Lee Ann Ferguson
Ticket Administrator
9/27/18

nee Print Name Title (month, day, year)

Comment: _____

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

Public Document

California
Form **802**
Official Use Only

1. Agency Name

Alameda County

Division, Department, or Region (if applicable)

Board of Supervisors, District 4

Designated Agency Contact (Name, Title)

Nathan Miley

Area Code/Phone Number

(510) 272-6694

E-mail

district4@acgov.org

Amendment (Must Provide Explanation in Part 3)

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

2. Function or Event Information

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

Event Description: Sam Smith Date(s) 9 / 4 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum JPA
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:
Miley, Sarah	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 at a county sponsored event or at an event hosted in a county facility
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
Print Name

Supervisor
Title

11/7/18
(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 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, District 4			
Designated Agency Contact (Name, Title) Nathan Miley		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (510) 272-6694	E-mail district4@acgov.org	Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

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

Event Description: League of Legends Date(s) 9 / 8 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum JPA
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:
Gee, Terrance	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 at a county sponsored event or at an event hosted in a county facility
Chan, Kai	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 at a county sponsored event or at an event hosted in a county facility
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 11/7/18
 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 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, District 4		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) Nathan Miley			
Area Code/Phone Number (510) 272-6694	E-mail district4@acgov.org		

2. Function or Event Information

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

Event Description: League of Legends Date(s) 9 / 9 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum JPA
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:
Gee, Terrance	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To increase attendance at a county sponsored event or at an event hosted in a county facility
Chan, Kai	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To increase attendance at a county sponsored event or at an event hosted in a county facility
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
Print Name

Supervisor
Title

11/7/18
(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 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, District 4			
Designated Agency Contact (Name, Title) Nathan Miley		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (510) 272-6694	E-mail district4@acgov.org	Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

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

Event Description: Raiders Date(s) 9 / 10 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum JPA
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:
Reems, Brondon	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for their service to the public
Jackson, Bob	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for their service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

_____ Nathan Miley _____ Supervisor _____ 11/7/18
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 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, District 4			
Designated Agency Contact (Name, Title) Nathan Miley		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (510) 272-6694	E-mail district4@acgov.org	Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

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

Event Description: BTS World Tour Date(s) 9 / 12 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum JPA
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:
Muhammed, Ansar	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for their service to the public
		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 with the requirements.

s
Nathan Miley
Print Name

Supervisor
Title

11/7/18
(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 <small>For Official Use Only</small>
Alameda County			
Division, Department, or Region (if applicable)			
Board of Supervisors, District 4			
Designated Agency Contact (Name, Title)			
Nathan Miley			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3)	
(510) 272-6694	district4@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

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

Event Description: J Balvin Date(s) 9 / 20 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum JPA
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:
Rodriguez, Coco	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for their service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Sig. Nathan Miley Supervisor 11/7/18
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 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, District 4			
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: _____ <small>(month, day, year)</small>	

2. Function or Event Information

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

Event Description: Warriors Provide Title/Explanation Date(s) 9 / 29 / 18

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum JPA
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:
Armstrong, Erin	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> To reward a county employee for his or her exemplary service to the public
Brooks, Patricia	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> To reward a county employee for his or her exemplary service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Print Name Nathan Miley Title Supervisor (month, day, year) 11/7/18

Comment: _____

**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, District 4		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Designated Agency Contact (Name, Title) Nathan Miley			
Area Code/Phone Number (510) 272-6694	E-mail district4@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

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

Event Description: Raiders Date(s) 9 / 30 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum JPA
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:
Linton, Donna	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> To reward a community member for his or her service to the public
King, Dorothy	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> To reward a community member for his or her service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

_____ **Nathan Miley** _____ **Supervisor** _____ **11/7/18**
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 Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number E-mail (510) 272-6692 Gabriela.Christy@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

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

Event Description Sam Smith Date(s) 09 / 04 / 18
Provide Title/Explanation

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

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

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

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

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

_____ Gabriela Christy Supervisor's Assistant 1/8/19
Print Name Title (Month, Day, Year)

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

A Public Document

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) 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 \$ 200

Event Description 2018 NA LCS Summer Finals Date(s) 09 / 08 / 18 09 / 09 / 18
Provide Title/Explanation

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

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

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

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

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

_____ Gabriela Christy _____ Supervisor's Assistant _____ 1/8/19
Print Name Title (Month, Day, Year)

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

A Public Document

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) 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 \$ 305.55/35

Event Description Raiders vs. Rams Date(s) 09 / 10 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Alvarado, Carina	<u>3/1</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his or her service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Gabriela Christy

Supervisor's Assistant

1/9/19
(Month, Day, Year)

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 802
Division, Department, or Region (If Applicable)			For Official Use Only
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 \$ 20

Event Description BTS Date(s) 09 / 12 / 18
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? 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:
Lee, Chan U	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> - To reward a community volunteer for his or her service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

_____ Gabriela Christy _____ Supervisor's Assistant _____ 1/8/19 _____
Name Print Name Title (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 802 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 \$ 100

Event Description J Balvin Date(s) 09 / 20 / 18
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

_____ Gabriela Christy _____ Supervisor's Assistant _____ 11/20/19
Print Name Title (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 802 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)			
Gabriela Christy			
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@acgov.org		

2. Function or Event Information

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

Event Description Childish Gabino Date(s) 09 / 27 / 18
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		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
AICO Democratic Party 510.873.0222	<u>4</u>	To reward a school or nonprofit organization for its contributions to the community

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

_____ Gabriela Christy _____ Supervisor's Assistant _____
e Print Name Title (Month, Day, Year)

Comment: Fundraiser for their Unity Dinner Gala

**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		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) Gabriela Christy			
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 97.55

Event Description Jerwin Anajas vs. Alejandro Santiago Date(s) 09 / 28 / 18
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		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
La Familia 2971 Shattuck Ave, Berkeley, CA 94705	<u>4</u>	- To reward a school or nonprofit organization for its contributions to the community
La Familia is an inclusive, Latino, community-based, multicultural organizat		committed to strengthening the emotional wellness of individuals and the preservation of families.

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.

Print Name Gabriela Christy Title Supervisor's Assistant (Month, Day, Year) 1/8/19

Comment: _____

**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) Gabriela Christy		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510) 272-6692	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 \$ _____ **304.80**

Event Description Warriors vs. Timberwolves Date(s) 09 / 29 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		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
Alameda County School Board Association (313 Winton Ave 94544)	4	To reward a school or nonprofit organization for its contributions to the community

4. Verification

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

_____	_____	_____	_____
<small>gnee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

11/19

Comment: Raffle to promote attendance at the School Board Association Ice Cream Social

**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) Gabriela Christy		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@acgov.org		

2. Function or Event Information

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

Event Description Raiders vs. Browns Date(s) 09 / 30 / 18
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Frausto, Marciano	3/1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> - To reward a community volunteer for his or her service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (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.

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

Comment: _____