

**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 \$ 304.80

Event Description Basket Ball Game Date(s) 04 / 1 / 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: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section 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:
Keith Carson	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: _____
		to obtain oversight of facilities or events that have received County funding or support; 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, Briana Brown Supervisor's Assistant, May 2018
Signature Print Name Title (Month, Day, Year)

I certify that the distribution set forth above, is in accordance with the requirements of Regulations 18944.1 and 18942.

Comment: + Parking Pass

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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	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) 4 / 5 / 18 4 / 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? 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>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
North Oakland/ South Oakland Little league	4	To promote health, motivate and provide extended opportunities to vulnerable populations in the county such as disabled, underprivileged, senior and youth in foster care
North Oakland/ South Oakland Little league	4	

4. Verification

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

Briana Brown
Supervisor's Assistant
03/31/2018

Print Name
Title
Month, Day, Year

Comment: + Parking Pass

**Agency Report of:
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1. Agency Name Alameda County Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Briana Brown Area Code/Phone Number E-mail 5102726695 briana.brown2@acgov.org		Date Stamp	<div style="border: 1px solid black; padding: 5px;"> California Form 802 For Official Use Only </div>
		<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 \$ _____ **200.00**

Event Description Romeo Santos Date(s) 04 / 6 / 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: _____
Official's Name (Last, First)

3. Recipients

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

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

4. Verification

I, 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 May 2018
Signature Print Name Title (Month, Day, Year)

Agency Report of:
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 Continuation Sheet

Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Celia Carter (+Parking Pass)	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;
Matlena Horula	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 obtain oversight of facilities or events that have received County funding or support;
Keith Carson	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 obtain oversight of facilities or events that have received County funding or support;
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 Boards and Commissions (+Parking Pass)	4	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;

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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 \$ _____ **304.80**

Event Description Basket Ball Game Date(s) 04 / 16 / 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: _____
Official's Name (Last, First)

3. Recipients

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

A. <u>Name of Agency, Department or Unit</u>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
District 5	4	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;
B. <u>Name of Individual</u> <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>if checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>if checking "Ceremonial Role" or "Other" describe below:</small>
C. <u>Name of Outside Organization</u> <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have _____
7 _____
ons 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
May 2018
(Month, Day, Year)

Comment: + Parking Pass

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2. Function or Event Information

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

Event Description Basket Ball Game Date(s) 04 / 16 / 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: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section 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
District 5	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development;
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <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

4. Verification

I, Briana Brown, Supervisor's Assistant, May 2018
Print Name Title (Month, Day, Year)

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

Comment: + Parking Pass

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2. Function or Event Information

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

Event Description BaseBall Game Date(s) 4 / 20 / 18
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? 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
D5	2	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

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

_____ Briana Brown <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 03/31/2018 <small>(Month, Day, Year)</small>
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Comment: + Parking Pass

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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 \$ _____ 304.80

Event Description Basket Ball Game Date(s) 04 / 24 / 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: _____
Official's Name (Last, First)

3. Recipients

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

A. <u>Name of Agency, Department or Unit</u>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
District 5	4	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;
B. <u>Name of Individual</u> <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <u>Name of Outside Organization</u> <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I, Briana Brown Supervisor's Assistant May 2018
Print Name Title (Month, Day, Year)

Comment: + Parking Pass

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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 \$ 304.80

Event Description Basket Ball Game Date(s) 04 / 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: _____
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Keith Carson</u>	<u>4</u>	To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy;
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

4. Verification

_____ 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 May 2018
Print Name Title (Month, Day, Year)

Comment: + Parking Pass

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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 \$ _____ 0

Event Description BaseBall Game Date(s) 4 / 28 / 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:
Lisa O Boyle	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If choosing "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales; Income <input type="checkbox"/>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Briana Brown Supervisor's Assistant 03/31/2018
Print Name Title (Month, Day, Year)

**Agency Report of:
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1. Agency Name Alameda County		Date Star <i>Duplicate</i>
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 \$ _____ **45**

Event Description BaseBall Game Date(s) 4 / 20 / 18
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? 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. <u>Name of Agency, Department or Unit</u>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
D5	2	To reward a County employee for his or her exemplary service to the public or to encourage staff development;
B. <u>Name of Individual</u> <small>(Last, First)</small>		
	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <u>Name of Outside Organization</u> <small>(include address and description)</small>		
	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I, _____, 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 _____ 03/31/2018
Print Name Title (Month, Day, Year)

Comment: + Parking Pass