

**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 <i>(if applicable)</i> Board of Supervisors		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
Designated Agency Contact <i>(Name, Title)</i> Lee Ann Ferguson, Ticket Administrator			
Area Code/Phone Number 510-22-6691	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 \$ 90

Event Description: baseball Date(s) 5 / 25 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
La Familia Counseling 24301 Southland DR. Ste 300 Hayward CA	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

Lee Ann Ferguson

Print Name

Ticket Administrator

Title

6/20/18

(month, day, year)

Comment: La Familia offers a wide range of mental health and community services. The breadth of our programs allow us to provide support to many individuals and families in our community. We offer services ranging from Zumba classes to employment services to outpatient therapy. Our program descriptions will give you a sense of what each of our departments and programs have to offer.

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1. Agency Name Alameda County <hr/> Division, Department, or Region <i>(if applicable)</i> Board of Supervisors <hr/> Designated Agency Contact <i>(Name, Title)</i> Lee Ann Ferguson, Ticket Administrator <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Area Code/Phone Number</td> <td style="width:50%; border: none;">E-mail</td> </tr> <tr> <td style="border: none;">510-272-6691</td> <td style="border: none;">leeann.fergerson@acgov.org</td> </tr> </table>	Area Code/Phone Number	E-mail	510-272-6691	leeann.fergerson@acgov.org	Date Stamp	<div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 For Official Use Only </div>
Area Code/Phone Number	E-mail					
510-272-6691	leeann.fergerson@acgov.org					
		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>				
		Date of Original Filing: _____ <i>(month, day, year)</i>				

2. Function or Event Information

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

Event Description: Warriors Round 3 Date(s) 5 / 26 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
District 1	2	To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Haggerty, Scott	2	To obtain oversight of facilities or events that have received county funding or support
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 Signature of Agency Head or Designee	Lee Ann Ferguson Print Name	Ticket Administrator Title	6/1/18 (month, day, year)
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Comment: _____

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Alameda County			For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			
Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small><i>(Month, Day, Year)</i></small>	
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 \$ 304.80

Event Description Basket Ball Game Date(s) 05 / 02 / 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
BOS D5.	4	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><i>(Last, First)</i></small>		
	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. <u>Name of Outside Organization (include address and description)</u>		
	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

<u>Briana Brown</u> <small>Designee</small>	<u>Supervisor's Assistant</u> <small>Title</small>	<u>May 2018</u> <small>(Month, Day, Year)</small>
<small>Print Name</small>	<small>Print Name</small>	<small>Print Name</small>

Comment: + Parking Pass

**Agency Report of:
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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 5102726618 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: _____ <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 \$ _____ **304.08**

Event Description Warriors Date(s) 05 / 2 / 18 05 / 08 / 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
D5	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development;
D5	4	
B. <u>Name of Individual</u> <small>(Last, First)</small>	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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To evaluate the contribution of a facility or an event to the County's goals for fostering arts, culture and entertainment opportunities for County residents or in support of the County's economic development program, including the Economic Development Alliance for Business; 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 have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ <small>Signature of Agency Head or Designee</small>	Briana Brown _____ <small>Print Name</small>	Supervisor's Assistant _____ <small>Title</small>	12/31/2017 _____ <small>(Month, Day, Year)</small>
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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 checked="" type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: 12/30/17 <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 \$ 200

Event Description Concert Date(s) 5 / 9 / 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
d5	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 the regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Briana Brown Print Name Supervisor's Assistant Title 12/31/2017 (Month, Day, Year)

Comment: _____

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Designated Agency Contact (Name, Title) Briana Brown		<input checked="" type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>12/30/17</u> (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 \$ 300

Event Description Concert Date(s) 5 / 18 / 18 5 / 19 / 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. <u>[Redacted]</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>
Maria Carson	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; ome <input type="checkbox"/>
Norma Bowerbank	4	
C. <u>[Redacted]</u> <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

Signature

Briana Brown
Print Name

Supervisor's Assistant
Title

12/31/2017
(Month, Day, Year)

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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.)	
Area Code/Phone Number 5102726618	E-mail briana.brown2@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 \$ _____ 304.08

Event Description Warriors _____ Date(s) 05 / 22 / 18 _____ 05 / 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. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
D5	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development;
D5	4	
B. _____ (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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ 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
 12/31/2017
Print Name Title (Month, Day, Year)

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2. Function or Event Information

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

Event Description Taylor Swift Date(s) 5 / 25 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
D5	8	To reward a County employee for his or her exemplary service to the public or to encourage staff development;
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/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

4. Verification

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

Briana Brown <small>Signature</small>	Supervisor's Assistant <small>Title</small>	12/31/2017 <small>(Month, Day, Year)</small>
<small>Print Name</small>		

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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 \$ 250.00

Event Description Concert Date(s) 5 / 25 / 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
D5	3	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:
Marcia Shrago	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 County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;
Michelle Simpson	2	Income <input type="checkbox"/>
C. <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Briana Brown
Print Name
Supervisor's Assistant
Title
12/31/2017
(Month, Day, Year)

Comment: _____

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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 5102726618 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 (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 \$ _____ **304.08**

Event Description Warriors Date(s) 05 / 26 / 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
D5	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development;
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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	06/01/2018
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small> <small>(Month, Day, Year)</small>

