A Bublic Decument

	eremonial Role Even		NEU L'922	Distributions		A Public Doc	
1.	Agency Name				Date Stamp	California Form	302
	Alameda County				1 CARRE		
	Division, Department, or Region (If Applicable)				For Official Use	Only	
	Board of Supervisors						
	Designated Agency Contact	Name, Title)					
	Amy Shrago						
	Arry Shrago Area Code/Phone Number E-mail				Amendment (Must p	rovide explanation in Par	t 3.)
	(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing:	(Month, Day, Year)	_
2.	Function or Event Infor	mation			12.00		
	Does the agency have a ticke		Yes 🗌 No	Face Value c	f Each Ticket/Pass \$ _		12.00
	Event Description Alameda	County Fair		Date(s)06	<u>, 15 , 16</u>	//	
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided b	da County Fair Name of So	11700				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:				urce		
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Carso	Official's Name (Last, First)	
					·		
3.	• Use Section A to identify the agence	v's department or	unit • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organiza	ation.
	A Number of			Describe the public purpose made pursuant to the agency's policy			
	A. Name of Agency, Department of omit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency a policy			
	BOS District 5	-	40	To reward a County	y employee for his or I	ner exemplary sei	rvice to
			13	the public or to enc	ourage staff developn	nent	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)			ring:	
			1 000(00)	Ceremonial Role	Other		ncome
					ial Role" or "Other" describe below:		
	<u> </u>						
				Ceremonial Role	Other Dial Role" or "Other" describe below:	h	ncome
	C. Name of Outside Organization		Number of				
	(include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's polic	sy .
					······		
_	37 10 11						
4	. Verification	ulations 18044.1 on	d 18942 have w	erified that the distribution set	forth above is in accordance w	ith the requirements	
	TIME TO A TRANSPORT						

Amy Shrago	Supervisor's Assistant	07/01/16
 Print Name	Title	(Month, Day, Year)

Comment:

Comment: _____

A Public Document

				A Fublic Document
1. Agency Name	Agency Name			
Alameda County	Alameda County			Form UU2
Division, Department, or Region (If App	Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)		-	
Amy Shrago	104			
Area Code/Phone Number E-mail				ovide explanation in Part 3.)
(510) 272-6695 amy.sh	rago@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information			•	10.00
Does the agency have a ticket policy?	Yes 🗌 No	🗙 Face Value d	of Each Ticket/Pass \$	12.00
Event Description Alameda County F	Event Description <u>Alameda County Fair</u> Date(s) <u>06</u>			//
Ticket(s)/Pass(es) provided by agency? Yes D No If no: 2			eda County Fair Name of Sou	irce
Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Carso		on, Keith		
of agency official?			Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department	ual. • Use Section C to ident	ify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	cket(s)/ Describe the public purpose made pursuant to the agency		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremon	Other X nial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Dinial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
West Oakland Health Council 700 Adeline Street Oakland CA 94607	10	To reward a schoo to the community	l or nonprofit organizat	ion for its contributions
West Oakland Youth Center 3233 M St. Oakland CA 94608	larket 10	To reward a schoo to the community.	l or nonprofit organizat	ion for its contributions
4. Verification	14.1 and 18942 / bayes w	prified that the distribution set	forth above, is in accordance wit	the requirements
. navo o negulations fos	Amy Shr		Supervisor's Assistant	
Signature of Agency Helad or Designee	Print Nan		Title	(Month, Day, Year)

A Public Document

_						
1.	Agency Name		Date Stamp	California 802		
	Alameda County				110, 200 (10 (10 (1)))	
	Division, Department, or Region (If Applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pl	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$	12.00		
	Event Description Alameda County Fair Date(s) 06			5 , 15 , 16		
		Provide Title/Expl				
	Ticket(s)/Pass(es) provided b	y agency?	da County Fair Name of Sol			
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Atlance					urce
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Carso of agency official?				Official's Name (I	.ast, First)
2	Recipients					
J.	Use Section A to identify the agence	y's department or	ual. • Use Section C to ident	tify an outside organization.		
			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 follow	ing:
				Ceremonial Role	Other 🔀	Income
	Vergara, Eileen		4		ial Role" or "Other" describe below:	
				To reward a comm public	community volunteer for his or her service to the	
	±		4		Other describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
4.	Verification	lations 18044 1 and	18942 Lbave ve	arified that the distribution and f	orth above, is in accordance with	the requirements

 Amy Shrago
 Supervisor's Assistant
 07/01/16

 Designee
 Print Name
 Title
 (Month, Day, Year)

Comment: .

A Public Document

_					A Fublic Document	
1.	Agency Name	Date Stamp	California 802			
	Alameda County				Form UUZ	
	Division, Department, or Region (If Applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title	?)				
	Amy Shrago					
	Area Code/Phone Number E-mail			Amendment (Must pi	rovide explanation in Part 3.)	
	(510) 272-6695 amy.st	rago@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Information	·	40.000			
	Does the agency have a ticket policy?	Yes 🔲 No	Face Value of	of Each Ticket/Pass \$		
	Event Description Warriors vs. Caval	iers	Date(s)6	<u> </u>	///	
	Provide T.					
	Ticket(s)/Pass(es) provided by agency	n State Warriors				
		Name of Sou	Irce			
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Care of agency official?			Official's Name (I	ast, First)	
2	Recipients				· · · · · · · · · · · · · · · · · · ·	
э.	Use Section A to identify the agency's department	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit	Number of	Describe the public purpose made pursuant to the agency's policy			
	BOS Dist 5	4		y employee for his or h ourage staff developm	er exemplary service to ent	
	B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:	
			Ceremonial Role	Other	Income	
			If checking "Ceremor	ial Role" or "Other" describe below:	_	
				Other describe below:	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy	
				· · · · · · · · · · · · · · · · · · ·		
4.	Verification		L			

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.

	Amy Shrago	Supervisor's Assistant	07/01/16
Signature of Agency riead or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document

-						-	
1.	Agency Name				Date Stamp	California 802	
ii.	Alameda County Division, Department, or Region (If Applicable)				Form 002		
					For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6695 amy.shrago@acgov.org			Date of Original Filing	(Month, Day, Year)		
2.	Function or Event Infor	mation					
	Does the agency have a tick	et policy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$.	20.00	
	Event Description Warriors vs. Cavaliers Date(s) 06			6, 16, 16			
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Golder				n State Warriors		
				Name of S	ource		
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Carso of agency official?				Official's Name	(Last, First)	
2	Recipients					· · · ·	
5.	Use Section A to identify the agend	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify 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			
	BOS Dist 5		4	To reward a County employee for his or her exemplary service to the public or to encourage staff development			
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
					Other D	Income	
				Ceremonial Role If checking "Ceremor	Other D		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursual	nt to the agency's policy	
	Verification						

Amy Shrago Supervisor's Assistant 07/01/16 Image: Supervisor of a spignee Print Name Title (Month, Day, Year)

Comment: _

A Public Document

						A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Region (If Applicable)			1	For Official Use Only		
	Board of Supervisors				· · · ·		
	Designated Agency Contact (Name, Title)		• • • • • • • • • • • • • • • • • • • •	-		
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation			•		
	Does the agency have a ticket	t policy?	of Each Ticket/Pass \$	10,000			
	Event Description Warriors v	s. Cavaliers	6, 19, 16	//			
		Provide Title/Expl		/			
	Ticket(s)/Pass(es) provided by	/ agency?	n State Warriors				
			Name of Sou	Irce			
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Carso of agency official?					ast First)	
_							
3.	• 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.						
	Number of		Describe the public purpose made pursuant to the agency's policy				
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant	to the agency's policy	
	BOS Dist 5		2	To reward a County employee for his or her exemplary service to the public or to encourage staff development			
	B. Name of Individua (Last First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	Shrago, Ethan			Ceremonial Role		Income	
	Sinago, Ethan		1	-	ial Role" or "Other" describe below: ance at a County spon	sarad avant or avant	
				held at a County fa	cility in order to maxim	ize potential County rev	
				Ceremonial Role	Other 🛛	Income	
	Mitchell, Vincent		1	5	nial Role" or "Other" describe below:		
				To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County re			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
4	Verification						

Amy Shrago Supervisor's Assistant 07/01/16 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: .

A Public Document

			Keel uss Distributions		A Public Docume		
1.	Agency Name		Date Stamp	California 802			
	Alameda County				ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:		
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		ł			
	Amy Shrago						
	Area Code/Phone Number	E-mail	Amendment (Must p	rovide explanation in Part 3.)			
	(510) 272-6695		@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information						
	Does the agency have a ticke	t policy?	f Each Ticket/Pass \$ _	32.00			
	Does the agency have a ticket policy?Yes \square No \boxtimes Face Value ofEvent DescriptionA's vs. AngelsDate(s)				<i>,</i> 19 , 16	/	
	Event Description	Provide Title/Exp		//			
	Ticket(s)/Pass(es) provided by	v agencv?	nd A's				
			Name of So	urce			
	Was ticket distribution made at the behest No I Yes I If yes: Carso of agency official?				on, Keith Official's Name (Last Eirst)	
					Official S Name (
3.	Recipients vise 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						
	Number of						
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
						·	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:		
	(Last First)		Pass(es)			mg.	
	Carson, Keith			Ceremonial Role		Income	
			2	If checking "Ceremonial Role" or "Other" describe below: To review the ability of a facility or its operator to participate in t			
					on goals or job training		
				Ceremonial Role			
				If checking "Ceremon	ial Role" or "Other" describe below:		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	the public purpose made pursuant to the agency's policy		
			Pass(es)				
	2						
4.	Verification	lations 19011 1	d 10010 1	rifinal that the alistuity stars	anth above is in	·····	

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.

	Amy Shrago	Supervisor's Assistant	07/01/16
Signature of Agency nead of Designee	Print Name	Title	(Month, Day, Year)

Comment: __

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 27.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🗋 No 🛛 Event Description <u>A's vs. Brewers</u> 16 06 21 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source If yes: Carson, Keith Was ticket distribution made at the behest No 🗌 Yes 🖂 of agency official? 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. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Alameda County Community Food Bank To reward a school or nonprofit organization for its contributions 2 7900 Edgewater Dr, Oakland, CA 94621 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.

	Amy Shrago	Supervisor's Assistant	07/01/16
Signature of Agenty Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

A Public Document

Agency Report of: d Tickot/Pase Distributions

				A Public Documen			
Ϊ.	Agency Name				Date Stamp	California 802	
	Alameda County				Form		
	Division, Department, or Region (If Applicable)				For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact	Name, Title)					
	Amy Shrago			<u> </u>			
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation			l		
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$ _	27.00	
	Event Description <u>A's vs. Brewers</u> Date(s) 06				5 , 22 , 16	//	
	Event Description	Provide Title/Exp		//			
	Ticket(s)/Pass(es) provided b	y agency?	nd A's Name of So				
				Surce			
	Was ticket distribution made at the behest No I Yes I If yes: Carso of agency official?				Official's Name	(Last, First)	
_		· ·					
з.	• 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 Ticket						
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ving:	
			Pass(es)	Ceremonial Role	Other		
	Spencer, Scott				ial Role" or "Other" describe below:		
			2			nsored event or event mize potential County rev	
				Ceremonial Role If checking "Ceremon	Other Die Nother Other Die Delow:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	it to the agency's policy	
4.	Verification		1		·····	· · ·	
	I have read and understand FPPC Regu	lations 18944.1 an	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	vith the requirements.	

Amy Shrago Supervisor's Assistant 07/01/16 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _

A Public Document

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002 For Official Use Only	
	Division, Department, or Regi	on (If Applicable,)			For Onicial Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Amy Shrago					provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
_	(510) 272-6695 amy.shrago@acgov.org			Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform					112.50	
	Does the agency have a ticket policy? Yes			Face Value c	of Each Ticket/Pass \$ _		
	Event Description A's vs. Giants			Date(s)6	<u>, 30 , 16</u>	//	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oaklar	nd A's Name of So		
	Was ticket distribution made a		If yes: Carso				
	Was ticket distribution made at the behest No Ye of agency official?			If yes:	Official's Name ((Last, First)	
2							
	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					tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
	BOS Dist 5		4		rd a County employee for his or her exemplary service to ic or to encourage staff development		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Carson, Keith				Other X ial Role" or "Other" describe below:	Income	
			4		t of facilities or events		
	<u></u>			Ceremonial Role	Other D	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
	Sheffield Preschool non profit play base presc2347 Stuart St, Berkeley, CA 94705		4	To reward a school to the community	l or nonprofit organiza	ation for its contributions	
4	Verification						
- F .		lations 18944.1 and	18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements.	
			Amy Shr		Supervisor's Assistan		
		- 0.	Print Nan		Title	(Month, Day, Year)	
	Comment:						

A Public Document

						Le contra de la co
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable	ə)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		· · · ·	-	
	Amy Shrago					
	Area Code/Phone Number	-			Amendment (Mus	t provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing]:(Month, Day, Year)
2.	Function or Event Infor	mation		· · · · · · · · · · · · · · · · · · ·	-	00.00
	Does the agency have a ticke	t policy?	Yes 🗌 No		of Each Ticket/Pass \$	
	Event Description A's vs. An	gels		Date(s) 00	6 , 18 , 16	//
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklar			nd A's Name of		
					Source	
	Was ticket distribution made at the behest No I Yes I If yes: Cars of agency official?			Official's Name	e (Last. First)	
_						
3.	• Use Section A to identify the agenc	v's department or	unit. ● Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departme		Number of		blic purpose made pursua	
	A. Name of Agency, Department of Unit Ticket(s)/ Descri		Describe the pu	bic purpose made pursua	int to the agency's policy	
	BOS Dist 5		2			r her exemplary service to
			2	the public or to end	courage staff develop	oment
			Number of			
	B. Name of Individu	al	Ticket(s)/ Pass(es)		Identify one of the follo	owing:
				Ceremonial Role	Other	Income
				If checking "Ceremo	nial Role" or "Other" describe belo	w:
						· · · · · · · · · · · · · · · · · · ·
				Ceremonial Role If checking "Ceremo	nial Role" or "Other	Income L
			Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	ant to the agency's policy

Amy Shrago Supervisor's Assistant 07/01/16 / signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _

A Public Document

_						A Fublic Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					The second secon	
	Division, Department, or Regi	on (If Applicabl	le)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)				-		
	Amy Shrago						
		E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform	nation			I	(
	Does the agency have a ticket policy? Yes □ No ⊠			Face Value o	of Each Ticket/Pass \$	90.00	
	Event Description <u>A's vs. Ang</u>	els			6 <u>18 16</u>	,	
	Event Description	Provide Title/Exp	planation	Date(s)	/	/	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oaklai	nd A's		
					Name of Sou	rce	
	Was ticket distribution made at the behest No 🗌 Yes 🛛			If yes: Carso	on, Keith		
_	of agency official?				Official's Name (Last, First)		
3.	• Use Section A to identify the agency's department or unit.			tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individua (Last, First)	I	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
					Other D ial Role" or "Other" describe below:	Income	
					Other Dial Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
	West Oakland Youth Center 3233 Market St, Oakland, C		ⁱ 18	To reward a schoo to the community	l or nonprofit organizat	on for its contributions	
4	Verification						

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

		Amy Shrago	Supervisor's Assistant	07/01/16
1)esignee	Print Name	Title	(Month, Day, Year)
Commont				

Comment: _

A Public Document

-		Nour abo	Diotinoutionio		A Fublic Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Region (If Applicable	<i>;)</i>		1	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-		
	Amy Shrago					
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				(womin, Day, real)	
-	Does the agency have a ticket policy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$ _	90.00	
	Event Description <u>A's vs. Angels</u> Provide Title/Exp.	lanation	Date(s)		//	
			If no: Oakla	nd A's		
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oaklai			Name of Sc	ource	
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Carso	on, Keith		
	of agency official?			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 put	blic purpose made pursuan	t to the agency's policy	
		Number of				
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving.	
			Ceremonial Role	Other 🔀		
	Connor, Brandy	4	Ů	nial Role" or "Other" describe below:		
			To reward a comm public.	unity volunteer for his	or her service to the	
				Other D	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy	
_						
4	Verification					
	I hε Constraints 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.	
		Amy Shr	ado	Supervisor's Assistan	ot 07/01/16	

Print Name

Signature of Agengry Head of Designee

Comment: _

(Month, Day, Year)

Title

A Public Document

_					A Public Document		
1.	Agency Name			·	Date Stamp	California 802	
	Alameda County					La constanti di const	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Amy Shrago						
	Area Code/Phone Number E-mail				Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation			·	00.00	
	Does the agency have a ticke	t policy?	Yes 🗋 No 🛛	🗙 Face Value d	of Each Ticket/Pass \$ _	32.00	
	Event Description A's vs. And	gels		Date(s) 06	5 , 16 , 16	//	
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Oaklai	nd A's Name of So		
					urce		
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Carso of agency official?			Official's Name (Last, First)		
2	Recipients						
э.	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	ibe the public purpose made pursuant to the agency's policy		
	B. Name of Individua (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role	Other	Income	
	McWilson, Marlon		2	_	nial Role" or "Other" describe below:	2	
			_	•	ance at a County spor icility in order to maxir	nsored event or event nize potential County rev	
				Ceremonial Role	Dther Dther Dial Role" or "Other" describe below:	Income	
	C. Name of Outside Orgar (include address and des		Number of Ticket(s)/	Describe the put	blic purpose made pursuan	t to the agency's policy	
			Pass(es)				

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

_		Amy Shrago	Supervisor's Assistant	07/01/16
	r Designee	Print Name	Title	(Month, Day, Year)

		to and me	NEU1 433	Distributions		A Public Document
1.	Agency Name	······			Date Stamp	California 802
	Alameda County					Polini COL
	Division, Department, or Reg	ion (If Applicable)		1	For Official Use Only
	Board of Supervisors			·		
	Designated Agency Contact	(Name, Title)				
	Amy Shrago			<u> </u>		
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticket policy? Yes ☐ No ⊠ Face Y			Face Value o	of Each Ticket/Pass \$	27.00
	Event Description <u>A's vs. Ra</u>	ngers	_	Date(s)06	6 , 16 , 16	
	Event Description	Provide Title/Expl	anation Date(s)			
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗋 No	If no: Oakla	nd A's	
				Name of Sou	rce	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?				Official's Name (L	ast, 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. 					
		unit. • Use Sec Number of	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant f	to the agency's policy
	· · · · · · · · · · · · · · · · · · ·					
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the followi	ng:
	(Last First)		Pass(es)			
	Spencer, Scott			Ceremonial Role		Income
	Spencer, Scoll		2		nial Role" or "Other" describe below: ance at a County spons	ared event or event
						ize potential County rev
				Ceremonial Role		
					nial Role" or "Other" describe below:	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
	(include address and dea	scription)	Pass(es)			
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.

	Amy Shrago	Supervisor's Assistant	07/01/16
pignature of Agency riead or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

-					A Public Document		
1.	Agency Name		·		Date Stamp	California 802	
	Alameda County				Politi		
	Division, Department, or Region (If Applicable)			1	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	-				
	Amy Shrago, Supervisor's A	Assistant		<u>.</u>			
	Area Code/Phone Number [E-mail				Amendment (Must pi	rovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation			· · · · · · · · · · · · · · · · · · ·		
	Does the agency have a ticket policy? Yes 🗌 No 🛛 Face Value of				of Each Ticket/Pass \$	62.50	
	Event Description KMEL Summer Jam Date(s) Date(s)			, 02 , 16	//		
		Provide Title/Expl	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golder	n State Warriors		
					Name of Sol	urce	
	Was ticket distribution made at the behest No I Yes I If yes: Carson of agency official?				Official's Name (I	ast First)	
_							
3.	• 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 Aronau Department of Unit						
	A. Name of Agency, Department of Unit Ticket(s)/ Pass(es)		Describe the pub	olic purpose made pursuant	to the agency's policy		
				-	· · · ·		
					1		
	B. Name of Individu	al	Number of Ticket(s)/	Identify one of the following:		ing:	
			Pass(es)				
	Lewos, Reako			Ceremonial Role	Definition of the describe below:	Income	
			4	-	omote attendance at a County sponsored event or ever		
				· ·		nize potential County rev	
				Ceremonial Role	Other 🛛	Income	
				If checking "Ceremon	nial Role" or "Other" describe below:		
			Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
			1 400(00)				
					·		
_	N.C. 101						
4.	Verification	lations 18944 1 and	d 18942 have ve	rified that the distribution set f	forth above, is in accordance wil	th the requirements	

at the distribution set forth above, is in accordance with the requirements.

	Amy Shrago	Supervisor's Assistant	07/01/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ___

Agency Report of: nts and Tickot/Pass Distributions - 1 8

U	eremoniai Role Even	ts and fic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			-	
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			• • • • • • • • • • • • • • • • • • • •	(0.00
	Does the agency have a ticke	t policy?	Yes 🗌 No	🗙 Face Value o	of Each Ticket/Pass \$ _	12.00
	Event Description Alameda	County Fair		Date(s) 06	3 , 15 , 16	///
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ If no: Alame			da County Fair		
				Name of So	urce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Carso	Official's Name (i	last First)
_						
3.	• Use Section A to identify the agence	v's department or	unit – Lise Sec	tion B to identify an individ	ual a lise Section C to iden	tify an outside organization
			Number of			
A. Name of Agency, Department or Unit Ticket(s)/ Describe the public purpose made pursuant in Ticket(s)/ Pass(es)			to the agency's policy			
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ing:
			Pass(es)			
					D Other X nial Role" or "Other" describe below:	
				Ceremonial Role If checking "Ceremor	Other Cher Cher Cher Cher Cher Cher Cher C	Income
	C. Name of Outside Organ (include address and dea		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	t to the agency's policy
	Healthy Oakland 2580 San Oakland CA 94612	Pablo Ave.,	10	To reward a schoo to the community	l or nonprofit organiza	tion for its contributions
	Hidden Genius Project 519 Suite 420 Oakland CA 946		10	To reward a schoo to the community.	l or nonprofit organiza	tion for its contributions
4.	Verification	ulations 18944.1 and	d 18942. I have ve Amy Shr		forth above, is in accordance wi	

Comment: _



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
	F 055(65)	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income Income
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income 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
Mother Wright Foundation 3120 San Pablo Ave., Emeryville CA 94608	10	To reward a school or nonprofit organization for its contributions to the community.
North Berkeley Senior Center 1901 Hearst St., Berkeley CA 94709	20	To reward a school or nonprofit organization for its contributions to the community.
Pacific Center for Human Growth 2712 Telegraph Ave., Berkeley CA 94705	10	To reward a school or nonprofit organization for its contributions to the community.
Peter Pan Nursery School 4618 Allendale Ave., Oakland CA 94619	25	To reward a school or nonprofit organization for its contributions to the community.

A Public Document

1. Agency Name			Date Stamp	California 000
			Date Stamp	Form 802
Alameda County Division, Department, or Region (If Applicable)			For Official Use Only	
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Amy Shrago				rovide explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing:	
(510) 272-6695 amy.shrago@	(510) 272-6695 amy shrago@acgov.org			(Month, Day, Year)
2. Function or Event Information				10.00
Does the agency have a ticket policy?	Yes 🗌 🛛 No 🛛	Face Value o	f Each Ticket/Pass \$ _	12.00
Event Description Alameda County Fair		Date(s) 06	i, 15 , 16	//
Provide Title/Explai	nation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗆 No l	If no: Alame	da County Fair	
		_	Name of So	ource
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Carso	Official's Name ((Last First)
3. Recipients			omolal o Malme (
Use Section A to identify the agency's department or unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
(Last First)	Pass(es)			
			Other 🔀 ial Role" or "Other" describe below:	Income
			Other is Other of "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
Positive CommunicationRites of Passage 2627 57th Ave., Oakland CA 94605	10	To reward a school or nonprofit organization for its contribution to the community		tion for its contributions
Prescott Joseph Resource Center 920 Peralta Street, Oakland CA 94607	10	To reward a school to the community.	l or nonprofit organiza	tion for its contributions
(include address and description) Positive CommunicationRites of Passage 2627 57th Ave., Oakland CA 94605 Prescott Joseph Resource Center 920	Ticket(s)/ Pass(es) 10 10	Describe the pub To reward a school to the community To reward a school to the community.	lic purpose made pursuan or nonprofit organiza or nonprofit organiza	tion for its con

Amy Shrago Supervisor's Assistant 07/01/16 Print Name Title (Month, Day, Year)

Comment: _



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income Income 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
Progressive Missionary Baptist Church 3301 King St., Berkeley CA 94704	10	To reward a school or nonprofit organization for its contributions to the community.
South Berkeley Senior Center 2939 Ellis St., Berkeley CA 94703	20	To reward a school or nonprofit organization for its contributions to the community.
The Way Christian Center - Youth Ministry 1901 University Ave., Berkeley C	10	To reward a school or nonprofit organization for its contributions to the community.
True Vine Church 1125 West St., Oakland CA 94607	10	To reward a school or nonprofit organization for its contributions to the community.

A Public Document

1. /	Agency Name					Date Stamp	Californi	^a 802
1	Alameda County						Form	100 Can
Ē	Division, Department, or Region (If Applicable)						For Offici	al Use Only
	Board of Supervisors							
	Designated Agency Contact	Name, Title)						
	Amy Shrago						, , , , , , , , , , , , , , , , , , ,	
	rea Code/Phone Number	E-mail				Amendment (Must)	provide explanation	in Part 3.)
	510) 272-6695	amy.shrago	@acgov.org			Date of Original Filing:	(Month, Day,	(ear)
2. I	Function or Event Infor	mation						40.00
0	loes the agency have a ticke	t policy?	Yes 🗌 No	🗙 Face Va	alue of	Each Ticket/Pass \$ _		12.00
F	vent Description Alameda	County Fair		Date(s)	06	<u>, 15 , 16 </u>	1	1
		Provide Title/Expl	anation					
٦	icket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: A	lamed	la County Fair		
				55	0	Name of So	ource	
V	Vas ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes:	Carso	n, Keith Official's Name	/last Eirst)	
						Ciliciais Name		
3. I	Recipients							
	USE Section A to identity the adence	V'S GEDALTMENT OF	unit. • Use Sec	tion B to identify an i	naiviaua	al. • Use Section C to Ider	itify an outside or	ganization.
-	,,	y a acpartatione of	1					
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)			ic purpose made pursuan	t to the agency's	policy
-	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/					policy
-	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe ti	he publi	ic purpose made pursuan Identify one of the follow		
-	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe ti	he publi	ic purpose made pursuan Identify one of the follow		policy
-	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe ti	he publi	Identify one of the follow		
-	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe ti Ceremonial If checking "C	he publi I Role [Ceremonis	Identify one of the follow		Income [
-	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe ti Ceremonial If checking "C	he publi I Role [Ceremonis	Identify one of the follow		Income [
-	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe ti Ceremonial If checking "C	he publi I Role [Ceremonis	Identify one of the follow		Income [
-	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe ti	he publi I Role [Ceremonia I Role [Ceremonia	Identify one of the follow	ving:	Income [
	A. Name of Agency, Departmo B. Name of Individu (Last. First) Name of Outside Organ	al nization scription)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe ti Ceremonial If checking "C Ceremonial If checking "C Describe ti	he publi I Role [Ceremonia I Role [Ceremonia he publi Chool	Identify one of the follow Other A Oth	ving: t to the agency's	Income [Income]

	Amy Shrago	Supervisor's Assistant	07/01/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ___



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
· · · · · · · · · · · · · · · · · · ·		
B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role D Other I Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role D Other D Income I Inco
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
Berkeley Youth Alternatives 1255 Allston Way, Berkeley CA 94702	10	To reward a school or nonprofit organization for its contributions to the community.
Beth Eden Baptist Church 1183 10th St, Oakland, CA 94607	10	To reward a school or nonprofit organization for its contributions to the community.
Black Girls Code P.O. Box 640926 San Francisco CA 94164	10	To reward a school or nonprofit organization for its contributions to the community.
Bonita House 6333 Telegraph Ave., Suite 102 Oakland CA 94609	10	To reward a school or nonprofit organization for its contributions to the community.

A Public Document

4						AND REAL OF THE PARTY AND
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form 002		
	Division, Department, or Regio	n (If Applicable	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (N	ame, Title)			-	
	Amy Shrago					
		-mail		· ·	Amendment (Must	provide explanation in Part 3.)
			@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform				1	(Month, Day, 18ar)
	Does the agency have a ticket		Yes 🗌 No	🗙 Face Value	of Each Ticket/Pass \$	12.00
	• •	•				
	Event Description Alameda Co	Provide Title/Expl	anation	Date(s)		//
	Ticket(s)/Pass(es) provided by	_		Han If no. Alam	eda County Fair	
	nckel(s)/Fass(es) provided by	agencyr	Yes 🗌 No		Name of S	Source
	Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Car	son, Keith	
	of agency official?				Official's Name	(Last, First)
	Use Section A to identify the agency's	1	Number of			
	A. Name of Agency, Department	t or Unit	Ticket(s)/ Pass(es)	Describe the p	iblic purpose made pu rsua	nt to the agency's policy
		t or Unit	Pass(es)	Describe the p		
		t or Unit	Pass(es)	Describe the p	Iblic purpose made pursua	
	B. Name of Individual	t or Unit	Pass(es) Number of Ticket(s)/	Ceremonial Role	Identify one of the follo	wing:
	B. Name of Individual	t or Unit	Pass(es) Number of Ticket(s)/	Ceremonial Role If checking "Cerem Ceremonial Role	Identify one of the follo	wing: // Income [
	B. Name of Individual	zation	Pass(es) Number of Ticket(s)/	Ceremonial Role If checking "Cerem Ceremonial Role If checking "Cerem	Identify one of the follo Identify one of the follo	wing: Income [Income]
	B. Name of Individual (Last First)	ration ription)	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role If checking "Cerem Ceremonial Role If checking "Cerem Describe the pr	Identify one of the follo	wing: Income [Income]

	Amy Shrago	Supervisor's Assistant	07/01/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/	Identify one of the following:
	Pass(es)	Ceremonial Role D Other D Income I Inco
		Ceremonial Role Other I Income Income I Income I Income II Income III Income III Income II Income II Income II Income II Incom
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income 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
Center for Independent Living 2539 Telegraph Ave., Berkeley CA 94704	10	To reward a school or nonprofit organization for its contributions to the community.
City of Emeryville Rec. Dept. Teen Program 4300 San Pablo Ave. Emeryvill	10	To reward a school or nonprofit organization for its contributions to the community.
City of Slicker Farms 1625 16th Street, Oakland CA 94607	10	To reward a school or nonprofit organization for its contributions to the community.
Disability Rights Education and Defense Fund 3075 Adeline St., Suite 210 Berkely	10	To reward a school or nonprofit organization for its contributions to the community.

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Americ Olivera

(planation in Part 3.)
nth, Day, Year)
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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.
· Obe bestien A to facility are agency s department of ante.		- oco obcasti o to lasticity all outside organizationi

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 Other Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Dother Income Income Income 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
Albany Senior Center 846 Masonic Ave. Albany CA 94706	20	To reward a school or nonprofit organization for its contributions to the community
Asian Prisoner Support Committee P.O. Box 1031 Oakland, CA 94604	20	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.

Amy Shrago Supervisor's Assistant 07/01/16 Print Name Title (Month, Day, Year) U 17

Comment: _



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
2		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Watts, Alfred	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role D Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role D Other D Income I Inco
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
AYPAL 1238 Harrison St. Oakland CA 94612 to empower Oakland's low-incom	5	To reward a school or nonprofit organization for its contributions to the community
BANANAS 5232 Claremont Ave. Oakland CA 94618 nonprofit child care r	10	To reward a school or nonprofit organization for its contributions to the community
Beebe Memorial Cathedral 3900 Telegraph Ave., Oakland CA 94609	10	To reward a school or nonprofit organization for its contributions to the community
Berkeley NAACP P.O. Box 613 Berkeley CA 94701	10	To reward a school or nonprofit organization for its contributions to the community

Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 E-mail amy.shrago@acgov.org Date of C Function or Event Information Does the agency have a ticket policy? Yes No Event Description Warriors vs. Cavaliers Provide Title/Explanation	ate Stamp California 80 For Official Use Only For Official Use Only endment (Must provide explanation in Part 3.) Original Filing:	
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 Board of E-mail amy.shrago@acgov.org Date of C Function or Event Information Does the agency have a ticket policy? Yes No X Face Value of Each Tic Event Description Warriors vs. Cavaliers Provide Title/Explanation Date(s) Of / 05	ondment (Must provide explanation in Part 3.) Original Filing:(Month, Day, Year) cket/Pass \$10,00	
Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 amy.shrago@acgov.org Date of C Function or Event Information Does the agency have a ticket policy? Yes No X Face Value of Each Tick Provide Title/Explanation	Original Filing:(Month, Day, Year) cket/Pass \$10,00	
Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org Date of C Function or Event Information Does the agency have a ticket policy? Yes I No X Face Value of Each Tick Event Description Warriors vs. Cavaliers Date(s) 06 / 05 Provide Title/Explanation Colden State W	Original Filing:(Month, Day, Year) cket/Pass \$10,00	
Amy Shrago Image: American and the second secon	Original Filing:(Month, Day, Year) cket/Pass \$10,00	
Area Code/Phone Number E-mail Date of C (510) 272-6695 amy.shrago@acgov.org Date of C Function or Event Information Does the agency have a ticket policy? Yes I No X Face Value of Each Ticket policy? Event Description Warriors vs. Cavaliers Date(s) 06 / 05 Provide Title/Explanation Colden State W	Original Filing:(Month, Day, Year) cket/Pass \$10,00	
(510) 272-6695 amy.shrago@acgov.org Date of C Function or Event Information Does the agency have a ticket policy? Yes □ No ⊠ Face Value of Each Ticket policy? Event Description Warriors vs. Cavaliers Date(s)05 Provide Title/Explanation Date(s)05	(Month, Day, Year) cket/Pass \$10,00	
Function or Event Information Does the agency have a ticket policy? Yes INOX Face Value of Each Ticket policy? Event Description Warriors vs. Cavaliers Date(s) 06 / 05 Provide Title/Explanation Golden State W	(Month, Day, Year) cket/Pass \$10,00	
Does the agency have a ticket policy? Yes INOX Face Value of Each Tick Event Description Warriors vs. Cavaliers Date(s) 06 05 Provide Title/Explanation Colden State W	ckeurass a	
Event Description Warriors vs. Cavaliers Date(s) 06 05 Provide Title/Explanation Golden State W	ckeurass a	
Tisket(a)/Deco(ac) provided by grappy2		
Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golden State W	Varriors	
	Name of Source	
Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Carson, Keith of agency official?	Official's Name (Last, First)	
Recipients		
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use S Number of		
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)	e made pursuant to the agency's policy	
B. Name of Individual Number of Ticket(s)/		
B. Name of mainfuldial Ticket(s)/ Identify of (Last, First) Pass(es)	one of the following:	
	her 🔀 Incom	
Carson, Keith		
I o evaluate the ability of a fa	bility of a facility, its operator, or a local spor usiness and contribute to the local economy	
	ther 🛛 Incom	
Carson, Maria		
I o promote attendance at an	an event held at a County facility in	
· · · · · · · · · · · · · · · · · · ·	County revenue from parking and	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose	ibe the public purpose made pursuant to the agency's policy	
Verification		

	Amy Shrago	Supervisor's Assistant	07/01/16
y sugnature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: __



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Music, Carol	1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in
		order to maximize potential County revenue from parking and con
Coleman, Robert	1	Ceremonial Role Other Income Income Income Income
		To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and con
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income 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

Agency Report of: and Ticket/Pase Distributions -

Ceremonial Role Ev	ents and lic	KeuPass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form
Division, Department, or	Region (If Applicable	y		1	For Official Use Only
Board of Supervisors					
Designated Agency Cont	act (Name, Title)				
Amy Shrago					
Area Code/Phone Numbe	er E-mail			. Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event In	formation			•	
Does the agency have a	ticket policy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	10,000
Event Description Warric	ors vs. Cavaliers Provide Title/Expl	anation	Date(s)06	<u>, 13 , 16</u>	/
Ticket(c)/Decc(cc) provid			Golder	n State Warriors	
Ticket(s)/Pass(es) provid	ed by agency?	Yes 🗌 No		Name of Sol	ırce
Was ticket distribution ma	ade at the behest	No 🗌 Yes	If yes: Carso	on, Keith	
of agency official?				Official's Name (L	ast, First)
3. Recipients • Use Section A to identify the a A. Name of Agency, Dep		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to Ident	<u> </u>
B. Name of Ind (Last First		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Carson, Keith		1	To review the abilit	ial Role" or "Other" describe below:	Income [rator to participate in the programs
Carson, Maris		1	To promote attenda	ial Role" or "Other" describe below: ance at a County spon	Income E sored event or event nize potential County rev
C. Name of Outside (include address ar		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
4. Verification			1		

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

	Amy Shrago	Supervisor's Assistant	07/01/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Music, Carol	1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
Coleman, Robert	1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

A Public Document

	Agency Name				Date Stamp	California 802
	Alameda County				Form OUZ	
	Division, Department, or Regi	on (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	· · · · · · · · · · · · · · · · · · ·			
	Lee Ann Fergerson, Superv	isor's Assista	ant			the state of the Dark (2.)
	Area Code/Phone Number	E-mail		···· ··· ··· ··· ··· ··· ··· ··· ··· ·	Amendment (Mus	t provide explanation in Part 3.)
	(510) 272-6691	leeann.ferg	erson@acgov.o	rg	Date of Original Filing	g:(Month, Day, Year)
	Function or Event Infor	mation				700
	Does the agency have a ticke		Yes 😰 🛛 No 🗌	Face Value c	of Each Ticket/Pass \$	282.00
	Event Description UGA B	4SKET BA	U.SHOWC	ASE Date(s) _7	126116	//
		Provide Title/Ex	planation	C		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🛃 🛛 No 🗖	lf no: 💷 🍼	Name of	Source
	Was ticket distribution made a	at the heheet		Alan		visor Scott Haggerty, D 1
	of agency official?		No 🗌 Yes 📑	If yes.	Official's Nam	e (Last, First)
	Recipients		· · · ·			
•	Use Section A to identify the agence	y's department o	ual. • Use Section C to id	entify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	ant to the agency's policy
		·····				
			Number of			5
	B. Name of Individu (Last First)	a	Ticket(s)/ Pass(es)		Identify one of the foll	owing:
	Nel D. I.	00	131			Inty sponsored evenime
	Nick Padu	rus		in order to m	aximize potential c	ounty revenue for
				concession ar	nd parking sales	
	, <u></u> _, <u></u> , <u></u> _,			Ceremonial Role		Income
				If checking "Ceremo	nial Role" or "Other" describe belo	DW:
	C. Name of Outside Orga	nization	Number of	Described	blie numere mode norm	ant to the agency's policy
	(include address and de		Ticket(s)/ Pass(es)	Describe the pu	one purpose made pursu	and to the agency 5 policy
1 .	Verification					
	1	3944.1	and 18942. I have verif	fied that the distribution set	forth above, is in accordanc	Roa ar
	0	and the second se	Lee Ann Ferg	erson	Supervisor's Assist	
	X		Print Name		Title	(Month, Day, Year)

4.

				A Public Documen
1. Agency Name	343		Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Regi	on (If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (/	lame, Title)			(9)
Lee Ann Fergerson, Supervis	sor's Assistant			
Area Code/Phone Number	E-mail		Amendment (Must pro	ovide explanation in Part 3.3
(510) 272-6691	leeann.fergerson@ac	gov.org	Date of Original Filing: _	112-11-15-11-1
2. Function or Event Inform	nation			(Month, Dey, Year)
Does the agency have a ticket	policy? Yes 🐼 N	lo 🗂 🛛 Face Value o	f Each Ticket/Pass \$	27.00
Event Description	Isall (Date(s)	15/16	*
	Provide Title/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by	agency? Yes	lo 🛛 If no: 📿	Kland St Nerrie of Soun	<u>hletics</u>
Was ticket distribution made at	the behest No 🔲. Ye	If yes: Alar	neda County Supervisor Sc	ott Haggerty, District 1
of agency official?			Official's Name (Las	
. Recipients			940)	
• Use Section A to identify the agency's	department or unit. • Use S		al. • Use Section C to Identify	an outside organization.
A. Name of Agency, Department	or Unit Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
Distant			ty employee for his or	
VIJUE I		exemplary service	e to the public	
1				
	Number of			
B. Name of Individual (Last Finit)	Ticket(s)/ Pass(es)		Identify one of the following	
5			میں دیکھر ہو ہو ہم میں ا	ime []
				50 No.
			1	
		Catemonial Role	Other Role" or "Other" describe below;	Income
				90 90
C. Name of Outside Organizat (include address and descrip		Describe the public	purpose made pursuant to th	ne agency's policy
				1.8
Varifiantian				
	18944.1 and 18942. I have v	enfied that the distribution set forth	ebove, is in accordance with the	reguirements.
	Lee Ann Fei	rgerson Su	pervisor's Assistant	126/10
· · · · · · · · · · · · · · · · · · ·	Print Nan	18 18	Title	(Monih, Day, Year)
Comment:			3.	N 2
••••••••••••••••••••••••••••••••••••••				

. Agency Name				Date Stamp	California 80
Alameda County					1 Crim
Division, Department, or R	legion (If Applicat	ole)			For Official Use Only
Board of Supervisors					
Designated Agency Conta	ct (Name, Title)				SI
Lee Ann Fergerson, Supe	ervisor's Assista	ant			
Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filing: _	(Month, Day, Year)
. Function or Event Info	ormation	•••			(monin, Day, real)
Does the agency have a tic	ket policy?	Yes 🖾 No	Face Value o	of Each Ticket/Pass \$	27.00
	Selsalo	Ţ	1	. 74.110	
	Provide Title/Ex	planation	Date(s)		
Ticket(s)/Pass(es) provided	by agency?	Yes No	If no: Oa	kland A	hletics_
Was ticket distribution made	e at the behest	No 🔲. Yes	If yes:	meda County Supervisor So	cott Haggerty, District 1
of agency official?			(.	Official's Name (La	st, First)
Recipients				·	
• Use Section A to identify the age	ncy's department or		ction B to identify an individu	al. • Use Section C to Identify	y an outside organization.
A. Name of Agency, Depart	ment or Unit	Number df Ticket(s)/ Pass(es):	Describe the publ	le purpose made puisvant t	the agency's pailcy
* 14			2		a
2					
B. Name of Individ	luáf	Number of Ticket(s)/ Pass(es)		Identify one of the following	1 1
¢.					
				idance at a county sp	March P
Pex Lana		7	event in order to	maximize potential co	bunty
Rex Farm		2	event in order to		bunty
Rex Farm	ur	2	event in order to revenue for conce Coremonial Role	maximize potential co esion and parking sale	bunty
Rex Farm		2	event in order to revenue for conce Coremonial Role	maximize potential co esion and parking sale	punty es.
C. Name of Outside Orga	unization scription)	2. Number of Ticket(s)/ Pass(cc)	event in order to revenue for conce Coremonial Role [Il checking "Coremonial	maximize potential co esion and parking sale	punty 25.
C. Name of Outside Orga (include address and de	unization scription)	Ticket(s)/	event in order to revenue for conce Coremonial Role [Il checking "Coremonial	maximize potential co esion and parking sale definition of the second se	punty es.
C. Name of Outside Orga (Include address and de	unization sscription)	Ticket(s)/	event in order to revenue for conce Caremonial Role [If checking "Caremonial Describe the public	maximize potential co esion and parking sale definition of the second se	punty 25. Income [
C. Name of Outside Orga (include address and de	sscription)	Ticket(s)/ Pasa(oc)	event in order to revenue for conce Coremonial Role [If checking "Coremonial Describe the public	maximize potential co esion and parking sale Other [] Role" or "Other" describe below:	bunty 25, Income [
(Include address and de	944.1 ənd	Ticket(s)/ Pasa(os)	event in order to revenue for conce Coremonial Role [If checking "Coremonial Describe the public dified that the distribution set fort	maximize potential co esion and parking sale] Other [] Role" or "Other" describe below; c purpose made pursuant to t h above, is in accordance with the	bunty 25, Income [
(Include address and de	944.1 ənd	Ticket(s)/ Pasa(oc)	event in order to revenue for conce Coremonial Role [If checking "Coremonial Describe the public dified that the distribution set forting gerson St	maximize potential co esion and parking sale Other [] Role" or "Other" describe below:	bunty 25, Income [

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

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	and meneuras			A Public Documer
1. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region	(If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Nan	esignated Agency Contact (Name, Title)			1.401
Lee Ann Fergerson, Supervisor	r's Assistant			
Area Code/Phone Number E-	mali		Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6691 le	eann.fergerson@acg	ov.org	Date of Original Filing: .	difactly Day March
. Function or Event Information	tion			(Month, Day, Year)
Does the agency have a ticket po	licy? Yes 🖾 N	o 🗍 🛛 Face Value o	f Each Ticket/Pass \$	27,00
Event Description	salo (7	17. (0	
Pro	vide Title/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by ag	ency? Yes		kland Mame of Sou	hletics_
Was ticket distribution made at the	e behest No 🗍. Ye	s If yes: Alar	neda County Supervisor S	cott Haggerty, District 1
of agency official?		.(.	Official's Name (Li	nst, First)
Recipients			- 10 N	A
• Use Section A to identify the agency's de			al. • Use Section C to Ident#	y an outside organization.
A. Name of Agency, Department or	Unit Ticket(s)/. Pass(es)	Describe the publ	c purpose made pursuant b	
	1-438(en))	i ingha sa ing ang ang ang ang ang ang ang ang ang a	and a fight sector of a sector of the sector	
5				
2			·····	
B. Name of Individual	Number of Tickel(s)/ Pass(es)		Identify one of the following	ji
Paul Caul Suppl	11 ->		dance at a county sp	
Ramsey Isma			maximize potential co	
		revenue for conce	sion and parking sale	25.
	······	Caremonial Role	Other [.]	
			Role" or "Other" describe below;	Income
				C.R.
				~
C. Name of Outside Organization (Include address and description	n Number of Ticket(s)/ Pasa(es)		purpose made pursuant to t	he agency's policy
C. Name of Outside Organization (include address and description)	Ticket(s)/		·····	the agency's policy
C. Name of Outside Organization (include address and descriptic	Ticket(s)/		·····	the agency's policy
C. Name of Outside Organization (Include address and description)	Ticket(s)/		·····	lhe agency's policy
C. Name of Outside Organization (include address and descriptic	Ticket(s)/		·····	the agency's policy
(include address and description	Ticket(s)/ Pasa(es)	Describe the public	purpose mada pursuant to t	•
(Include address and description	Ticket(s)/ Pasa(es)		purpose mada pursuant to t	requirements.
(Include address and description	Ticket(s)/ Pasa(es)	Describe the public dified that the distribution set forth	purpose mada pursuant to t	•
(Include address and description	B944.1 and 18942. I have ver	Describe the public dified that the distribution set forth gerson Su	purpose made pursuant to a bove, is in accordance with the	requirements.

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

4.

Comment:

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Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number [510] 272-6691 Desent Information Does the agency have a ticket policy? Yes Provide Title/Explanation	4	A manage blance					A Public Docume
Division, Department, or Rogion (If Applicable) Por Official Use C Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant							California 80
Board of Supervisors Designated Agency Contact (Name, Tite) Lae Ann Fergerson, Supervisor's Assistant Area Code/Phone Number [510] 272-6691 Ieeann.fergerson@acgov.org Data of Original Filing: (510) 272-6691 Ieeann.fergerson@acgov.org Data of Original Filing: Month. Day, Yead Does the agency have a ticket policy? Yeas (S) Provide Title/Explanation Value Provide Title/Explanatistitht Provid							Form 002
Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-8691 Ieeann.fergerson@acgov.org Data of Original Filling: (Month, Day, Yean) Does the agency have a ticket policy? Yes CD No Function or Event Information Does the agency have a ticket policy? Yes CD No Event Description Bate (s) Provide TitleEDplanation Name of Source Vas ticket distribution made at the behest of genery? Yes Vas ticket distribution made at the behest on on U. Yes If yes: Alameda County Supervisor Scott Haggerty, District of agency official? Alameda County Supervisor Scott Haggerty, District Official? Alameda County Supervisor Scott Hagger		Division, Department, or Regi	ion (If Applicab	le)			For Official Use Only
Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number Finall [510) 272-6691 [leeann.fergerson@acgov.org Date of Original Filling: Month, Day, Yean Function or Event Information Does the agency have a ticket policy? Yes © No Face Value of Each Ticket/Pass \$	E	Board of Supervisors					
Area Code/Phone Number (510) 272-6691 E-mail leeann.fergerson@acgov.org Amendment (Must provide explanation in Part 3 Date of Original Filling: Month, Day, Year) Function or Event Information Does the agency have a tickel policy? Event Description Yes D No Face Value of Each Ticket/Pass \$ 2.1.00 Event Description Event Description Event Description Provide Tille/Explanation Provide Tille/Explanation Pass D No Provide Tille/Explanation Face Value of Each Ticket/Pass \$ 2.1.00 Was ticket distribution made at the behest of agency official? No Vest D No Provide Tille/Explanation If no: Collection Supervisor Scott Haggerty, District Official's Nome (Last, First) Rectipients No Pass(e) Vest Description B to Identify the agency's department or unit Pass(e) • Use Section C to Identify an outside organization Ticket(s) A. Name of Agency, Department or Unit A. Number of Ticket(s) Pass(e) To promote attendance at a county sponsored weent in order to maximize potential county revenue for concesion and parking sales. Comme of Dubtide Organization (commonial Rele] Other] (commonial Rele] Other] (neam (checking Commonial Rele] Other] (commonial Rele] Incom	E	esignated Agency Contact (Name, Títle)				54 C
Area Code/Phone Number (510) 272-6691 E-mail leeann.fergerson@acgov.org Amendment (Must provide explanation in Part 3 Date of Original Filling: Month, Day, Year) Function or Event Information Does the agency have a tickel policy? Event Description Yes D No Face Value of Each Ticket/Pass \$ 2.1.00 Event Description Event Description Event Description Provide Tille/Explanation Provide Tille/Explanation Pass D No Provide Tille/Explanation Face Value of Each Ticket/Pass \$ 2.1.00 Was ticket distribution made at the behest of agency official? No Vest D No Provide Tille/Explanation If no: Collection Supervisor Scott Haggerty, District Official's Nome (Last, First) Rectipients No Pass(e) Vest Description B to Identify the agency's department or unit Pass(e) • Use Section C to Identify an outside organization Ticket(s) A. Name of Agency, Department or Unit A. Number of Ticket(s) Pass(e) To promote attendance at a county sponsored weent in order to maximize potential county revenue for concesion and parking sales. Comme of Dubtide Organization (commonial Rele] Other] (commonial Rele] Other] (neam (checking Commonial Rele] Other] (commonial Rele] Incom	1	ee Ann Fernerson, Supervi	isor's Assists				
(510) 272-6891 leeann.fergerson@acgov.org Date of Original Filling:					·	Amendment (Must pro	wide explanation in Part 3.)
Function or Event Information Momta Day Yest Does the agency have a ticket policy? Yest No Face Value of Each Ticket/Pass \$				erson@aco			
Does the agency have a ticket policy? Yes D No Face Value of Each Ticket/Pass \$O Event Description Buildback Provide TitleExplanation Date(s)I(L_L_L						growt tanigi a	(Month, Day, Year)
Event Description Buscher Base Date(s) 1 1 1 Ticket(s)/Pass(es) provided by agency? Yest No If no: Cataland Yest No No many of Source Was ticket distribution made at the behest of agency official? No Yest No If yes: Alameda County Supervisor Scott Haggerty, District Official? Recipients No Yest No If yes: Alameda County Supervisor Scott Haggerty, District Official? A No Yest No If yes: Alameda County Supervisor Scott Haggerty, District Official? Recipients • Use Soction A to Identify the agency's department or unit. • Use Soction A to Identify an outside organization A Name of Agency, Department or Unit Number of Ticket(g) Discribe the public purpose made purpose below: B Name of Individual (Last Fing) Number of Ticket(g) To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales. Commonial Role Other I Incom Incom If checking "Caremonial Role of Outside Organization Number of Ticket(s)				· · · · · ·			2200 0
Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yest No I If no: Caleland Adultates Name of Source Was ticket distribution made at the behest No I. Yest If yes: Alameda County Supervisor Scott Haggerty, District Official? Nome (Last, First) Recipients "Use Soction A to Identify the agency's department or unit. Use Saction B to Identify an individual. "Use Soction A to Identify the agency's department or unit. "Use Soction A to Identify the agency's department or unit. "Use Soction A to Identify the agency's department or unit. "Use Soction A to Identify the agency's department or unit. "Use Soction A to Identify the agency's department or unit. "Use Soction A to Identify the agency's department or unit. "Use Soction A to Identify the agency's department or unit. "Use Soction A to Identify the agency's department or unit. "Use Soction A to Identify the agency's department or unit. "Use Soction A to Identify the agency's department or unit. "Use Soction B to Identify an individual. "Use Soction A to Identify the agency's department or unit. "Name of Agency, Department or Unit. "Number of Individual Interview? Ticket(sy) To promote attendance at a county sponsored in order to maximize potential county revenue for concesion and parking sales. Coremonial Role Other In order or Other Gesenbe before: (Include address and description) Ticket(sy)	0		policy:	Yes AP No		r Each Ticket/Pass \$	
Ticket(s)/Pass(es) provided by agency? YestONo If no: Outcall Alletters Was ticket distribution made at the behest of agency official? No YestONo If no: Outcall Alletters Was ticket distribution made at the behest of agency official? No YestONo If yes: Alameda County Supervisor Scott Haggerty, District Official's Nome (Last, First) 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) Describe the public purpose made public wing: Pass(ee) B. Name of Individual first rang Number of Ticket(s) Identify one of the following: Pass(ee) Vomwore GMDMMS Z To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales. Income if revenue for Other describe below: Coremonial Role Other of Section and parking sales. Income if revenue for the output describe below:	E	vent Description	<u>esau</u>	- RA	5_ Date(s) 7_	12/1/6	
Was ticket distribution made at the behest of agency official? No □. Yes If yes:				ianadon <mark>y</mark> (~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		POLO
Was ticket distribution made at the behest of agency official? No . Yes . If yes: <u>Alameda County Supervisor Scott Haggerty, District</u> Official's Name (Lest, First) Recipients • Use Section A to identify the spency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization Ticket(b) A. Name of Agency, Department or Unit Humber of Ticket(b) Describe the public purpose made purpose	Π	cket(s)/Pass(es) provided by	agency?	Yes No	1 If no: <u>(</u>	kland 134	wencs_
of agency official? If yes	w	as ficket distribution made at	the hehest		Alan		
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(se) Describe the public purpose made purpount to the agency's policy B. Name of Individual rank find Number of Ticket(s)/ Pass(se) Identify one of the following: Pass(se) To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales. Incom It checking "Ceremonial Role Other Incom C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy			ine veneat		If yes:	Official's Name (I as	the First
Lise Soction A to Identify the agency's department or unit Use Soction B to Identify an individual. Use Section C to Identify an outside organization A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(se) Describe the public purpose made pursuant to the agency's policy To promote attendance at a county sponsored mm revenue for concesion and parking sales. Ceremonial Role Other Other Incom If checking 'Ceremonial Role Incom Incom If checking 'Ceremonial Role Incom If checking 'Ceremonial Role Incom If checking 'Ceremonial Role Incom Incom If checking 'Ceremonial Role Incom Incom If checking 'Ceremonial Role Incom Incom If checking 'Ceremonial Role Incom In	D	ocinionte			(·		
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B. Name of Individual nat.Hm? Number of Ticket(a)/ Passiene) Identify one of the following: Identify one of the following: Passiene) Comment Groups 2 To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales. Ceremonial Role Other Incomment Incomment It checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s)/	-			Pass(es)			
B. Itentify one of monorularing in the following in the follow	•				ð.		2000 CONTRACTOR AND CONTRACTOR OF THE CONTRACTOR
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D. Name of Dutside Organization (Include address and description) Ticket(s)/ Pass(es) To promote attendance at a county sponsored event in order to maximize potential county revenue for concesion and parking sales. C. Name of Outside Organization (Include address and description) Number of Ticket(s)/		<u></u>					
Convert Gibbons Z To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. Ceremonial Role Other Incommentation in the commentation in the commentat	В.	Name of Individual (Lini, Fini)		Ticket(s)/		Identify one of the following	س
Comment of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy	-	<u>(</u>)			To promote atten	dance at a county spo	nsored
revenue for concesion and parking sales. revenue for concesion and parking sales. Ceremonial Role Other I Income Income It checking "Ceremonial Role" or "Other" describe below; C. Name of Outside Organization (Include address and description)		onner Gibbons		6			
C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy	0			10		•	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy					<u> </u>		
C. Name of Outside Organization Number of (include address and description) Describe the public purpose made pursuant to the agency's policy							Income 🔲
(include address and description) Ticket(s)/ Describe the public purpose made pursuant to the agency's policy					ll checking *Ceremonial i	Role" or "Other" describe below:	*
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(include address and description) Ticket(s)/ Describe the public purpose made pursuant to the agency's policy				Numbers			
Pasc(05)	C.	Name of Outside Organiza (include address and descri	tion stion)	Ticket(s)/	Describe the public	purpose made pursuant to th	e agency's policy
		· · · · · · · · · · · · · · · · · · ·		Pass(05)	ell	· · · · · · · · · · · · · · · · · · ·	

Lee Ann Fergerson

Print Name

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

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(Monih, Day, Year)

Supervisor's Assistant

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	ING TICKEUP ass DI	sindutions		A Public Documen
1. Agency Name	8		Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If	Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name,	Títle)		. •	
Lee Ann Fergerson, Supervisor's	Assistant			
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Parl 3.)	
(510) 272-6691 leea	eeann.fergerson@acgov.org		Date of Original Filing:	
Function or Event Information	on			(Month, Day, Year)
Does the agency have a ticket polic	Y? Yes 🖾 No 🗆	Face Value of E	ach Ticket/Pass \$ _	27.00
Eusels Busels	100 C	SI	10.10	
Event Description	Title/Explanation	. Date(s)/		
Ticket(s)/Pass(es) provided by agen	cy? Yes No	If no: Oak	land D	thetics_
Was ticket distribution made at the b	ehest No . Yes	Alamed		cott Haggerty, District 1
of agency official?			Official's Name (L	ast, First)
Recipients	· · · · · ·		(4	31
• Use Section A to identify the agency's depart		to identify an Individual,	• Use Section C to Identi	ity an outside organization.
A. Name of Agency, Department or Ur	ilt Tickst(s)/ Pass(en)	Describe the public p	urpose made pursuant'i	
		and the second	and the second	
78			····	din and a second se
B. Name of Individual (last-finil)	Number of Tickst(s)/ Pass(cs)	Identify one of the following:		
Kristi Marla		o promote attenda		nue L
CVITI MUMPLE		ent in order to ma	•	•
	re	venue for concesio	on and parking sal	es.
		Ceremonial Role	Other	
		I checking "Ceremonial Role	Particular Statement	Income !
			·	
				542
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passies)	Describe the public pu	rpose made pursuant to	the agency's policy
0		190 190		•
Verification			······	
, t	14.1 and 18942. I have verified the	t the distribution set forth end	We, is in accordance with th	è requiremente
	8944.1 and 18942. I have verified that the distribution set forth Lee Ann Fergerson St		rvisor's Assistant	-1_17_11A
	Print Name		Tille	(Month, Day, Year)
$\cup \cup$			ŝ.	1
Comment:				

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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4 A				A Public Documen
1. Agency Name			Date Stamp	California 802
Alameda County				Form
Division, Department, or Region	(If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Na	me, Títle)	······································	-	2
Lee Ann Fergerson, Superviso	r's Assistant			
Area Code/Phone Number E-	mail		Amendment (Must pro	wide explanation in Part 3.)
(510) 272-6691 le	eann.fergerson@acgc	ov.org	Date of Original Filing: _	Alash Bay Vest
2. Function or Event Informa	tion			(Month, Dey, Year)
Does the agency have a ticket po	licy? Yes 🖾 No	Face Value o	of Each Ticket/Pass \$	3,200
Event Description	salo t		12.16	
Pr	ovide Tille/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by ac	jency? Yes No	If no: Da	kland DA Name of Soun	<u>hletics</u>
Was ticket distribution made at th	e behest No 🗌. Yes	If yes:Ala	meda County Supervisor Sc	ott Haggerty, District 1
of agency official?		(-	Official's Name (Las	st, First)
B. Recipients			3 5	
• Use Section A to identify the agency's de				
A. Name of Agency, Department of	v Unit Ticket(s)/ Pass(en)	Describe the pub	lic purpose made pursuant to	the agency's policy
Delili	7	To reward a coun	ty employee for his or	her
PIStrict		exemplary service	e to the public	
1051				
B. Name of Individual (list Fint)	Number of Ticket(s)/ Pass(es)		Identity one of the following	
				лие
		and the second sec		1. 72
		7 I 6	1	
		Coremonial Role	Other .	Income 🔲
		Il checking "Ceremonia	Role" or "Other" describe below;	
	Number of			2
C. Name of Outside Organizatio (include address and description	H Malantin I	Describe the public	c purpose made pursuant to th	te agency's policy
	1 205(05)	· · · · ·		•
		14 12		
				· · · · · · · · · · · · · · · · · · ·
Varification				
Verification	18944.1 and 18942. I have veri	ified that the distribution set for	h above, is in accordance with the	muirements
			h above, is in accordance with the i	requirements.
	18944.1 and 18942. I have ver Lee Ann Ferg Print Name	jerson Si	h above, is in accordance with the i upervisor's Assistant Title	7-12-16
	Lee Ann Ferg	jerson Si	upervisor's Assistant	Pequirements. 7-12-16 (Monlh, Day, Year)

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 856/ASK-FPPC (866/275-7772)

A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6691 Date of Original Filing: leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have_a ticket policy? TX. Face Value of Each Ticket/Pass \$ Yes 😡 No 🗖 **Event Description** Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: . Yes 🔼 No 🗌 ame of Source Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No 🗍 Yes If yes: of agency official? 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. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy. Ticket(s)/. Pass(es). Number of B. Name of Individual Ticket(s) Identify one of the following: (Last: First) Pass(es) 1 Caremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below; Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(os) To Reward a school or nonprofit organization for Its contributions to the community.

4. Verification

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

_	Lee Ann Fergerson	Supervisor's Assistant	7816
-	Print Name	Thie	(Manth, Day, Year)
comment: Preserving the	wellness and enhance	ang the quality o	flife
outh life-th	un Northern Califo ircatoning and chr	MGFPPC Toll-Free Helpline: 8661/	FPPC Form 802 (4/12) ASK-FPPC (866/275-7772)

A Public Document

ency Name				Date Stamp	California 802
ameda County					Form OVZ
ision, Department, or Reg	ion (If Applicable)		For Unicial Use Unity		
ard of Supervisors					
signated Agency Contact	(Name, Title)			1	
e Ann Fergerson, Super	/isor's Assistan	t .			
a Code/Phone Number	E-mail				provide explanation in Part 3.)
10) 272-6691	leeann.ferger	rson@acgov	.org	Date of Original Filing	(Month, Day, Year)
nction or Event Infor	mation			·	65.00
es the agency have a tick	et policy?	Yes 🔯 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$ -	63.00
10	i di olo			9 110	, ,
ent Description		ination	Date(s)		
	, , ,	. M	J If no: G	SIL	
ket(s)/Pass(es) provided t	by agency?	Yes 🖽 No L			
s ticket distribution made	at the behest	No 🗌 Yes 🛙	Alan	· · · · · · · · · · · · · · · · · · ·	
agency official?			··· / - · ···	Official's Name	(Last, First)
cipients			a	·····	
se Section A to identify the agen	cy's department or u	init. • Use Sect	ion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass/es)	Describe the put	olic purpose made pursuar	t to the agency's policy
	Jal	Number of Ticket(s)/		Identify one of the follow	vina:
(Last. First)		Pass(es)	بشوقصا وكساحد فأ		
JEFF WATTS		4	To promote atten potential county (dance at a county sponsore revenue for concession and	ed event in order to maximize parking sales.
					Income
Name of Outside Orga (include address and de	nization escription)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy
	imeda County ision, Department, or Reg ard of Supervisors ignated Agency Contact e Ann Fergerson, Supervise a Code/Phone Number 0) 272-6691 nction or Event Infor es the agency have a ticket ent Description ket(s)/Pass(es) provided to s ticket distribution made agency official? cipients se Section A to identify the agen Name of Agency, Departm Name of Individu (Last First) Jetter WATTS	imeda County ision, Department, or Region (If Applicable) ard of Supervisors ignated Agency Contact (Name, Title) e Ann Fergerson, Supervisor's Assistant a Code/Phone Number be Ann Fergerson, Supervisor's Assistant be Ann Fergerson, Supervisor's Assistant be a Code/Phone Number be Ann Fergerson, Supervisor's Assistant be Ann Fergerson, Supervisor's Assistant be a Code/Phone Number be Ann Fergerson, Supervisor's Assistant be Ann Fergerson, Supervisor's Assistant be Ann Fergerson, Supervisor's Assistant be Ann Fergerson, Supervisor's Assistant a Code/Phone Number be Ann Fergerson, Supervisor's Assistant be Ann Fergerson, Supervisor's Assistant a Code/Phone Number be Ann Fergerson, Supervisor's Assistant Be Ann Fergerson, Supervisor's Assistant a Code/Phone Number Be Ann Fergerson, Supervisor's Assistant Assist	ision, Department, or Region (If Applicable) ard of Supervisors signated Agency Contact (Name, Title) e Ann Fergerson, Supervisor's Assistant a Code/Phone Number [] E-mail [] 0) 272-6691 [] leeann.fergerson@acgov nction or Event Information es the agency have a ticket policy? Yes III Description	Immeda County ision, Department, or Region (If Applicable) aard of Supervisors signated Agency Contact (Name, Title) e Ann Fergerson, Supervisor's Assistant a Code/Phone Number E-mail 0) 272-6691 Iteeann.fergerson@acgov.org nction or Event Information es the agency have a ticket policy? Yes III Description Provide Title/Explanation ket(s)/Pass(es) provided by agency? Yes III no: gency official? cipients se Section A to identify the agency's department or unit. Name of Agency, Department or Unit Number of Individual (Last First) Rumber of Agency, Department or Unit Number of Individual (Last First) Rume of Outside Organization Name of Outside Organization Name of Outside Organization Name of Outside Organization Name of Outside Organization	meda County ision, Department, or Region (If Applicable) ard of Supervisors ignated Agency Contact (Name, Title) a Code/Phone Number 2 Code/Phone Number 0) 272-6691 Ileeann.fergerson@acgov.org nction or Event Information as the agency have a ticket policy? Yes Int Description Provide TitleExplanation ket(s)/Pass(es) provided by agency? Yes Name of State agency, be determined at the behest No Yes Number of Name of Agency, Department or Unit Number of Name of Individual Aust Faqu Name of Individual Number of Name of Individual Aust Faqu Name of Individual Number of Name of I

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

Lee Ann Fergerson

Supervisor's Assistant

7-6-16 (Month, Day, Year)

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1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (/	Name, Title)				
	Nancy Sa					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	icgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation			•	
	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	65
	Event Description Louis C. K.			Date(s) 07	, 09 , 16	
		Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No [If no: Golder	n State Warriors Name of Sc	NUROO
	Mos ticket distribution mode a	t the behadt		🗖 Valle		
	Was ticket distribution made a of agency official?	t the benest	No 🗌 Yes	If yes: <u>vano</u> ,	e, Richard- Supervisor District 2 Official's Name (Last, First)	
2	Recipients					
ν.	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify 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		
	0					
	B. Name of Individua		Number of			
	D. (Last, First)	4	Ticket(s)/ Pass(es)		Identify one of the follow	ing
	0			Ceremonial Role		income
	Gomez, Conny		4	-	nial Role" or "Other" describe below:	convice to the nublic
				To reward a comm	unity volunteer for her	r service to the public.
				Ceremonial Role	Other	
			4	If checking "Ceremon	nial Role" or "Other" describe below:	
			4			
		Name of Outside Organization (include address and description)		Describe the put	olic purpose made pursuan	t to the agency's policy
					-	
				· · · · · ·		
4	Varification			l		

4. Verification

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

	Nancy Sa	Supervisor's Assistant	7/27/16
······	Print Name	Title	(Month, Day, Year)

Comment: _____

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1.	Agency Name				Date Stamp	California	802
	Alameda County					Form	an Only
	Division, Department, or Regi	ion (If Applicable		For Official U	se Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Nancy Sa				Amendment (Must pro	vide explanation in F	Part 3.)
	Area Code/Phone Number	E-mail					
	(510) 272-6692 nancy.sa@acgov.org				Date of Original Filing:	(Month, Day, Year,)
2. Function or Event Information					205		
	Does the agency have a ticke	Yes 🛛 No 🗋 👘 Face Value o		of Each Ticket/Pass \$200		285	
	Event Description USA Bask	etball Showca	ase	Date(s) 07	<u>, 26 , 16</u>	1	1
		Provide Title/Expl	lanation	Date(3)			
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No [M If no: Golder	If no: Golden State Warriors		
		j elgenej i	Valle Dishard Supe		Name of Sour		
	Was ticket distribution made a	at the behest			, Richard- Supervisor D	istrict 2	
	of agency official?				Official's Name (La	ast, First)	
3.	• Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identif	fy an outside organ	ization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	the agency's po	licy

B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Caudillo, Michael	4	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
	4	Ceremonial Role Other I Income Income 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.

-	Nancy Sa	Supervisor's Assistant	7/27/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			
			FPPC Form 802 (4/12)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County					
Division, Department, or Region (If Applicable	1	For Official Use Only			
Board of Supervisors					
Designated Agency Contact (Name, Title)			•		
Nancy Sa					
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)	
(510) 272-6692 nancy.sa@a	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 o	of Each Ticket/Pass \$_	90	
Event Description Oakland A's vs. Pittsbu	rgh Pirates		<u>, 02 , 16</u>	///	
Ticket(s)/Pass(es) provided by agency?				ource	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes [If yes: Valle	If yes: <u>Valle, Richard- Supervisor District 2</u> Official's Name (Last, First)		
3. Recipients • Use Section A to identify the agency's department or	• 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 put	blic purpose made pursuan	t to the agency's policy	
B. Name of Individual (Last First)	Number of Ticket(s)/		Identify one of the follov	ving:	
	Pass(es)	O	Other 🗙		
		Ceremonial Role If checking "Ceremor	nial Role" or "Other" describe below:		
		Ceremonial Role If checking "Ceremor	Other D nial Role" or "Other" describe below.		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	t to the agency's policy	
H.A.R.D., 1099 E Street, Hayward, CA 94541	3		ance at an event held potential County reve	at a County facility in nue from sales	
Provides park and recreation services					
4. Verification		1			

set and EBBO Base dataset 100 14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Nancy Sa	Supervisor's Assistant	7/27/16
Print Name	Title	(Month, Day, Year)

Comment: Includes 1 parking pass at the value of \$20 each.

.....

1

A Public Document

1.	Agency Name			Date Stamp	California 802			
	Alameda County					Form 002		
	Division, Department, or Reg	ion (If Applicable	1	For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact (Name, Title)	1					
	Nancy Sa					uide our lengtion in Dart 2.)		
	Area Code/Phone Number	E-mail				ovide explanation in Part 3.)		
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Infor	mation				20		
	Does the agency have a ticket policy? Yes 🖾 No 🗖			Face Value of	of Each Ticket/Pass \$			
	Event Description Oakland A's vs. Toronto Blue Jays Provide Title/Explanation		Date(s)07	Date(s)7 <u>15 16</u> /				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Oakla	nd Athletics Name of Sour	7 00		
÷								
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes [If yes: Valle	If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)			
э.	• Use Section A to identify the agenc	y's department o	unit. • Use Sect	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant f	to the agency's policy		
	B. Name of Individu (Lest First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
				Ceremonial Role If checking "Ceremo	Dither Annual Role" or "Other" describe below:			

	1 435(03)	
		Ceremonial Role Conther Contract Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role D Other I Income Income Income 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
Abode Services, 40849 Fremont Blvd., Fremont, CA 94538	2	To reward a nonprofit organization for its contributions to the community.
Develops and implements programs to end homelessness		

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.

	Nancy Sa	Supervisor's Assistant	7/27/16
Signature of Agency freed of Designee	Print Name	Title	(Month, Day, Year)

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	Distributions		A Public Document		
· · · ·		Date Stamp	California 802		
			Form OOZ For Official Use Only		
Division, Department, or Region (If Applicable)					
Designated Agency Contact (Name, Title)					
Nancy Sa					
	· · · · · · · · · · · · · · · · · · ·				
acgov.org		Date of Original Filing: _	(Month, Day, Year)		
		· · · · · · · · · · · · · · · · · · ·			
Yes 🛛 No 🛛	Face Value	of Each Ticket/Pass \$	32		
o Blue Jays	Date(s)0	7 , 17 , 16			
	If no: Oakla	nd Athletics	IPPe		
	Valle				
	If yes:	Official's Name (L	ast, First)		
Pass(es)					
Number of Ticket(s)/ Pass(as)		Identify one of the followi	ng:		
1 400(00)	Ceremonial Role	Other 🔀	Income		
	If checking "Ceremo	nial Role" or "Other" describe below:			
			Income		
Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy		
2	To reward a nonpucture community.	rofit organization for its	contributions to the		
	e) acgov.org Yes X No o Blue Jays Danation Yes No No Yes r unit. • Use Sec Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	e) acgov.org Yes X No Face Value of Describe the pul Number of Ticket(s)/ Pass(es) Number of Ceremonial Role If checking "Ceremo Number of Ticket(s)/ Pass(es) Ceremonial Role If checking "Ceremo Number of Ticket(s)/ Pass(es) Ceremonial Role If checking "Ceremo Ticket(s)/ Pass(es) Ceremonial Role If checking "Ceremo Ticket(s)/ Pass(es) Ceremonial Role If checking "Ceremo	e) Date Stamp e)		

Verification

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

	Nancy Sa	Supervisor's Assistant	7/27/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Agency Report of: onte and Ticket/Pass Distributions С - I - 17

Ceremonial Role Events al	nu nicket/Pass	DISTINUTIONS	_	A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				division and a second second
Division, Department, or Region (If	Applicable)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name,	Title)		1	
Nancy Sa				
Area Code/Phone Number E-ma	ail	<u> </u>	Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6692 nan	cy.sa@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information	on			
Does the agency have a ticket polic	y? Yes 🛛 No [_ Face Value of	of Each Ticket/Pass \$	
Event Description Oakland A's vs.	Houston Astros	Date(s) 07	7 , 18 , 16	/
Event Description Provid	de Title/Explanation			
Ticket(s)/Pass(es) provided by age	ncy? Yes 🗌 No [If no: Oakla	nd Athletics Name of Sou	
Was ticket distribution made at the of agency official?	behest No 🗌 Yes [If yes: valle	, Richard- Supervisor [Official's Name (L	ast, First)
3. Recipients • Use Section A to identify the agency's dep	artment or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or L	Number of		plic purpose made pursuant	
A. Name of Agency, Department of C	Jhit Ticket(s)/ Pass(es)	Describe the pu	sno purpose mado purodane	to the ugency o policy
	Number of		<u>.</u>	
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the followi	ng:
	Pass(es)	Ceremonial Role	Other 🛛	Income
			nial Role" or "Other" describe below:	
		Ceremonial Role	nial Role" or "Other" describe below:	Income
		r checking Ceremo	mar Role of Other describe below.	
C. Name of Outside Organizatio	n Number of	Describe the put	blie purpess mode purcuent	to the acception policy
(include address and description	on) Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
Abode Services, 40849 Fremont	Blvd.	To reward a nonpr	ofit organization for its	contributions to the
Fremont, CA 94538	2	community.	-	
Develops and implements progra	ams to			
end homelessness				

4. Verification

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

	Nancy Sa	Supervisor's Assistant	7/27/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Nancy Sa					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692	510) 272-6692 nancy.sa@acgov.org			Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			•	
	Does the agency have a ticke		Yes 🗵 No [Face Value c	of Each Ticket/Pass \$ _	38
	Event Description Oakland A	s vs. Toronto	Blue Jays	Date(s) 07	<u>1616</u>	
	Event Description	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	X If no: Oaklar	nd Athletics	
	Mee ticket distribution mode	at the heheat		- Valle		
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes [X If yes:	, Richard- Supervisor Official's Name	(Last, First)
3	Recipients		-			
Ο.	Use Section A to identify the agence	y's department or u	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
			1 433(53)	-		
						· · ·
					<u></u>	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role	Other 🔀	Income
	Gonzalez, Robert		2		nial Role" or "Other" describe below:	
			2	To reward a comm	unity volunteer for his	service to the public.
				Ceremonial Role	Other	
					nial Role" or "Other" describe below:	
			2			
	C. Name of Outside Organ (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	t to the agency's policy
4.	Verification			1		

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

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 30 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Oakland A's vs. Houston Astros Date(s) 07 / 19 / 16 Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 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. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last First) Pass(es) Other 🔀 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Life ElderCare, 3300 Capitol Ave., To reward a nonprofit organization for its service to the public. 2 Fremont, CA 94538 Provides quality senior services

Δ Verification

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

	Nancy Sa	Supervisor's Assistant	7/27/16
Signature of Agency Head or Designee	Print Name	Tītle	(Month, Day, Year)

Comment: __

C	eremonial Role Even	ts and Tic	ket/Pass [Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	-			
	Nancy Sa					
	Area Code/Phone Number	E-mail			Amendment (Must pl	rovide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				r
	Does the agency have a ticke	t policy?	Yes 🗵 No 🗌] Face Value of	of Each Ticket/Pass \$	32
	Event Description Oakland A	s vs. Housto	n Astros	Date(s)	<u>, 20 , 16</u>	///
		Provide Title/Exp	lanation	Oalda		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 🛛 No 🛛	If no: Oaklar	Name of Sol	urce
	Was ticket distribution made at the behest		No 🗌 Yes 🛛	z Jewas, Valle	, Richard- Supervisor I	
	of agency official?			a ii yes	Official's Name (I	.ast, First)
	• Use Section A to identify the agend • Use Section A to identify the agend A. Name of Agency, Departme		unit. • Use Secti Number of Ticket(s)/ Pass(es)		ual. • Use Section C to iden	
	B. Name of Individu	al	Number of			
	(Lasi, Firsi)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	5			Ceremonial Role If checking "Ceremor	Other X nial Role" or "Other" describe below:	Income
				Ceremonial Role	Other Inter Other Other Delow:	Income
	C Name of Outside Orga	nization	Number of	Barris da da		
	(include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy

 Life ElderCare, 3300 Capitol Ave.,
 2
 To reward a nonprofit organization for its service to the public.

 Fremont, CA 94538
 2

 Provides quality senior services
 2

4. Verification

16/10/11/18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_	Nancy Sa	Supervisor's Assistant	7/27/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document

1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form OOL		
	Division, Department, or Regi	on (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Nancy Sa				Amendment (Must or	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				onde explanation in r art o.y
	(510) 272-6692	nancy.sa@	acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke		Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$	32
	Event Description Oakland A	's vs. Housto	on Astros	Date(s)	7 <u>,</u> 20 <u>,</u> 16	//
		Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	lf no: Oaklai	nd Athletics Name of Sou	irce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor D Official's Name (L	District 2
2	Recipients					

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
В.	Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	identify one of the following:
			Ceremonial Role Other Other Ceremonial Role" or "Other" describe below:
			Ceremonial Role D Other D Income I Inco
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
	ElderCare, 3300 Capitol Ave., mont, CA 94538	2	To reward a nonprofit organization for its service to the public.
Pro	vides quality senior services		

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.

	Nancy Sa	Supervisor's Assistant	7/27/16	
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)	

A Public Document

_						A i ubiic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Region	(If Applicable))			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Nat	me, Title)				
	Nancy Sa Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)	
		ancy.sa@a	cgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Informa	ation				(Monin, Bdy, real)
				Face Value o	f Each Ticket/Pass \$.	80
		•				
	Event Description Oakland A's	vo. Title/Expla	Ination	Date(s)		//
				M If no: Oaklar	nd Athletics	
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Oakla				Name of S	
	Was ticket distribution made at the	he behest	No 🗌 Yes [If yes: Valle,	Richard-Supervisor	District 2
	of agency official?				Official's Name	(Last, First)
3.	Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit		Init. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to ide	
						-
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
				Ceremonial Role If checking "Ceremon	Other 🛛	
					Other in Other in Other in Other in Other in Other in Other'' describe below	Income
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursual	nt to the agency's policy
	League of Volunteers, 8440 C Newark, CA 94560	entral Ave,	18	To reward a nonpro	ofit organization for it	s service to the public.
	Promotes volunteerism in the	tri-cities				
A	Verification					
4.		18944.1 and	18942. I have ve	rified that the distribution set f	orth above, is in accordance v	vith the requirements.

 Nancy Sa
 Supervisor's Assistant
 7/27/16

 Signature of Agency Head or Designee
 Print Name
 Title
 (Month, Day, Year)

Comment: ______ Includes 4 parking passes at the value of \$20 each.

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 90 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗆 Event Description Oakland A's vs. Tampa Bay Rays Date(s) _____/ 23 / 16 Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official?

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
В.	Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		F 255(05)	Ceremonial Role Cother Contract Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other I Income Income 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
H.A 945	R.D., 1099 E Street, Hayward, CA 41	3	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales
Pro	vides park and recreation services		

4. Verification

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

-	Nancy Sa	Supervisor's Assistant	7/27/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: Includes 1 parking passes at the value of \$20 each.

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 38 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Oakland A's vs. Tampa Bay Rays Date(s) 07 / 23 / 16 Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗋 Yes 🗵 of agency official? 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 (Las: Firsi)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Conternation Other Content of Ceremonial Role" or "Other" describe below:
		Ceremonial Role Dother I Income Income 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
Afghan Coalition, 39155 Liberty St., Fremont, CA 94538	2	To reward a nonprofit organization for its contributions to the community.
Promotes and strengthens Afghan families through social services		

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.

	Nancy Sa	Supervisor's Assistant	7/27/16
	Print Name	Title	(Month, Day, Year)
Comment:			

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 30 Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value of Each Ticket/Pass \$ Event Description Oakland A's vs. Tampa Bay Rays Date(s) _____ / ____ / 16 Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official?

3. Recipients

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	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Afghan Coalition, 39155 Liberty St., Fremont, CA 94538	2	To reward a nonprofit organization for its contributions to the community.
Promotes and strengthens Afghan families through social services		

4. Verification

3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Nancy Sa	Supervisor's Assistant	7/27/16
Signature of Agency mean of Designee	Print Name	Title	(Month, Day, Year)

Comment: _

_						
1.	Agency Name Alameda County				Date Stamp	California Form 802
	Division, Department, or Reg	ion (if applicable)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Vener Bates, Supervisor's Assistant				Amendment (Must Provide Explana	Províde Explanation in Part 3)
	Area Code/Phone Number	E-mail				rovide Explanation in Fart 6.7
	925-551-6995	vener.bates	@acgov.org;		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation	10 - E - E - E - E - E - E - E - E - E -			
	Does the agency have a tic	ket policy?	Yes 🗵 No 🗌	Face Value of	Each Ticket/Pass \$	2.00
	Event Description: Alameda	a County Fair		0	<u>, 15 , 16</u>	7 , 4 , 16
		Provide T	itle/ Explanation			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 🛛 No 🖾	If no: Alameda	County Fair Associati	ion
					Name of Source	

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

If yes: Supervisor Scott Haggerty Official's Name (Last, First)

A Public Document

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		
Public Works Agency	60	To promote attendance at a County sponsored event hele at a County facility to maximize potential County revenue		
Sheriff's Department, Dublin Office	20	To promote attendance at a County sponsored event he at a County facility to maximize potential County revenue		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
Mel Luna	20	Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue		
Val Bettencourt	10	Ceremonial Role Other Income Income To reward a community volunteer for his 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

	Vener Bates	Supervisor's Assistant	July 2 0 2016
Digmature of Agency mead of Designee	Print Name	Title	(month, day, year)
Comment:			



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.

10 If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public Olson, Tyler 10 10 Ceremonial Role I Other I or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public	olicy
B. Name of Individual (Last, First) of Ticket(s)/ Passes Identify one of the following: Olson, Gloria 10 Ceremonial Role □ Other ⊠ Inc. If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public Olson, Tyler 10 Ceremonial Role □ Other ⊠ Inc. If checking "Ceremonial Role □ Other ⊠ Inc.	
B. Name of Individual (Last, First) of Ticket(s)/ Passes Identify one of the following: Olson, Gloria 10 Ceremonial Role □ Other ⊠ Inc. If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public Olson, Tyler 10 Ceremonial Role □ Other ⊠ Inc. If checking "Ceremonial Role □ Other ⊠ Inc.	
10 If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public Olson, Tyler 10 10 Ceremonial Role I Other I of the control of the contr	
10 If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public	ncome 🗌 Ne
	ncome [] ne
Anna Marie 2 Ceremonial Role Other Other Inc Inc It checking "Ceremonial Role" or "Other" describe below: To reward a County employee for her exemplary serv the public or to encourage staff development	vice to
	ncome 🗌
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's purpose made purpose made pursuant to the agency's purpose made purpose purpose made purpose purpose made purpose made purpose made purpose made purpose made purpose purpose made purpose purpose made purpose purp	olicy

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California 1. Agency Name Date Stamp Form Alameda Countv For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Vener Bates, Supervisor's Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 925-551-6995 vener.bates@acgov.org; (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 12.00 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Alameda County Fair $Date(s) __{6}^{6} /_{2}$ 15 , 16 16 Provide Title/ Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Supervisor Scott Haggerty Was ticket distribution made at the behest Yes 🖾 No 🗔 Official's Name (Last, First) of agency official? Recipients 3. • 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Assessor's Office To promote attendance at a County sponsored event held 25 at a County facility to maximize potential County revenue To promote attendance at a County sponsored event held General Service Agency, Building 60 at a County facility to maximize potential County revenue Maintenance Dept. Number Identify one of the following: Name of Individual Β. of Ticket(s)/ (Last, First) Passes Other 🔀 Income Ceremonial Role Mary Koppel If checking "Ceremonial Role" or "Other" describe below: 10 To reward a community volunteer for her service to the public Other 🔀 Ceremonial Role Income Erlene De Marcus If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for her service to the public Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

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

	Vener Bates	Supervisor's Assistant	July 20, 2016
a, ciñtintero el riñollo? Llone el monifilion	Print Name	Title	(month, day, year)
Comment:			

A Public Document

Ι.	Agency Name					Date Stamp	California Form	802
	Division, Department, or Regi	on (if applicable)	• • •				For Official	Jse Only
	Board of Supervisors						C.	
	Designated Agency Contact (Name, Title)						
	Vener Bates, Supervisor's Assistant				Amendment (Must Pro	vide Explanation in	Part 3	
	Area Code/Phone Number	E-mail					nuo Explanation II	, are o, y
	925-551-6995	vener.bates@)acgov.c	org;		Date of Original Filing:	(month, day, yea	r)
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy?	Yes 🛛	No 🗌	Face Value of	Each Ticket/Pass \$ $\frac{45}{2}$	00	
	Event Description: Alameda		e/ Explanatio	on	Date(s)	<u>, 15 , 16</u> -	7 , 4 ,	16
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No 🔀		County Fair Associatio	n	
	Was ticket distribution made of agency official?	e at the behest	Yes 🖄	No 🗌	If yes: Supervi	sor Scott Haggerty Official's Name (Last, First)	1	

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Garcia, Joe	4	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue
Nardolillo, Nick	4	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue
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.

Vener Bates	Supervisor's Assistant	July 20, 2016
Print Name	Title	(month, day, year)

Comment: _____

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

ound



T 3. Recipients

ame

Agency Name ¥

• 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.

Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/	Identify one of the following:
Passes	
4	Ceremonial Role Other Other Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event held at at a County facility to maximize potential County revenue
4	Ceremonial Role Other Other Income
	To reward a County employee for his exemplary service to the public
2	Ceremonial Role D Other C Income If checking "Ceremonial Role" or "Other" describe below:
-	To reward a community volunteer for his service to the public
	Ceremonial Role Other I Income
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4 4 4 2 2

1.	Agency Name					Date Stamp	California	802
	Alameda County						Form	
	Division, Department, or Reg	ion (if applicable)					For Official	Use Only
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)				1		
	Vener Bates, Supervisor's Assistant					Amendment (Must Pro	vide Explanation in	Part 3 }
	Area Code/Phone Number	E-mail						, un e.,
	925-551-6995	vener.bates@)acgov.org	<u>,</u>		Date of Original Filing:	(month, day, yea	ır)
2.	Function or Event Infor	mation		-				
	Does the agency have a ticl	ket policy?	Yes 🛛 N	No 🗖	Face Value of	Each Ticket/Pass \$.00	
	Event Description: Alameda	a County Fair			Date(s) <u>6</u>	<u>, 15 , 16</u>	7 _ 4	16
	Provide Title/ Explanation							
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗋 🛛 N	No 🛛	If no: Alameda	County Fair Associatio	on	
	Was ticket distribution made	e at the behest	Yes 🔼 🛚	No 🗖	If yes: <u>Superv</u>	isor Scott Haggerty Official's Name (Last, First)		

3.

of agency official?

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
Department of Child Support Services	11	To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Green, Marthel	15	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue
Pinto, Claudia	8	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for her exemplary service to the public or to encourage staff development
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

	Vener Bates	Supervisor's Assistant	July 20, 2016
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: ___



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
-		
	Number	
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
Wales, Paula	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event held at at a County facility to maximize potential County revenue
Caleja, Angie	10	Ceremonial Role D Other S Income If checking "Ceremonial Role" or "Other" describe below:
		To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue
Freitas, Joe	2	Ceremonial Role D Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		To reward a community volunteer for his service to the public
Nardolillo, Nick		Ceremonial Role Other I Income
	4	To promote attendance at a County sponsored event held at a County facility to maximize potential revenue
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
	5	
<u> </u>		

C	eremonial Role Even	ts and Ticket/P	A Public Documen			
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)]	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Vener Bates, Supervisor's A	Assistant			Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				onde Explanation in Part 3.)
	925-551-6995	vener.bates@acgo	v.org;		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	🛛 No 🗌 🛛 F	ace Value of	Each Ticket/Pass \$ 12	2.00
	Event Description: Alameda	a County Fair Provide Title/ Expla	nation	Date(s) <u>6</u>	<u>, 15 , 16</u>	7 , 4 , 16
	Ticket(s)/Pass(es) provided by agency? Yes I No 🖾				County Fair Associati	on
	Was ticket distribution made of agency official?	e at the behest Yes	X No 🗌	fyes: Superv	isor Scott Haggerty Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the age	ncy's department or unit.	Use Section B to	identify an individ	dual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	B. Name of Inc (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Lauigan, Terri		_		monial Role D Other Sting "Ceremonial Role" or "Other" de	

McCarthy, Tom		5	To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue		
		8	Ceremonial Role D Other X Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event helo at a County facility to maximize potential County revenue		
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 v

_	Vener Bates	Supervisor's Assistant	July 20, 2016
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B Name of Individual	Number	
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
Wales, Paula	4	Ceremonial Role Other Conternation Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue
Del Rio, Arturo	4	Ceremonial Role Conter
		the public
Freitas, Joe	2	Ceremonial Role Conternation Other Conternation Income Income It checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public
		Ceremonial Role Conter
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
		d

Ceremonial Role Even	is and the	Neur ass	Distributions		A Public Document
1. Agency Name			151 H96 3 87 1 50 9 6 9 6	Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Regi	on (If Applicable	e)		1	For Official Use Only
Board of Supervisors			4	· ·	
Designated Agency Contact (Name, Title)			-	
Sarah Oddie					
Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Inform	nation	3.성문 = 전 중 6.4 연종	0.950 · · · G 200 · · 4 (2003 B B B • 6	<u> </u>	99 <u>5</u> 1 <u> 0</u> 4 <u>5</u> 6 <u>6</u> <u>-</u> (6)
Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of Face Value of Face Value	of Each Ticket/Pass \$	\$65
Event Description			Data(a) 07	<u>, 09 , 16 </u>	1 1
	Provide Title/Exp	lanation	Date(s)	/	
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	
				Name of Sou	
Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor Official's Name (L	· Wilma Chan
De la constata de la	و دار بر ماری			omaars wane (e	
3. Recipients • Use Section A to identify the agency A. Name of Agency, Department		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to identi blic purpose made pursuant	-
B. Name of Individua (Lest First)	ai	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
Melgoza, Ana Maria		3	To promote attend	Dether D nial Role" or "Other" describe below: ance at an event held a potential County reven	
		3	Ceremonial Role	Other D	Income
C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	to the agency's policy
4 Varification	R94089 691184 5 5				

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	07.29.2016
	Print Name	Title	(Month, Day, Year)
Comment:			

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	eremonial Role Even	is and the	Reveass	DISTINUTIONS		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					r crim
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor					
	Does the agency have a ticke		Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _	\$285
		etball Shwcs		1	<u>, 26 , 16</u>	
	Event Description USA Bask	Provide Title/Exp		Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no. Golde	n State Warriors	
		y ageney:			Name of So	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name (or Wilma Chan
40.0	of agency official?			sectorized and a sec-	Umciai s Name (Lasi, Firsij
3.	Recipients					8 ¹
	Use Section A to identify the agence	y's department or	Number of	ction B to identify an individ	ual. • Use Section C to Iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	i to the agency's policy
		· · · · · · · · · · · · · · · · · · ·				
	· · ·					
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		identify one of the follow	/ing:
				Ceremonial Role	Other	Income
	O'Connell, Greg		4	•	nial Role" or "Other" describe below:	
					ance at an event held potential County rever	, ,
				Ceremonial Role		income
					nial Role" or "Other" describe below:	
			4			
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the pul	olic purpose made pursuan	t to the agency's policy
	(include address and de	scription)	Pass(es)			
4.	Verification					
	17	ີ ວກຣ 18944.1 ar	nd 18942. I have v	erified that the distribution set	forth above, is in accordance w	ith the requirements.
			Sarah O		Supervisor's Assistan	
-	Signature of Agency Head or Designe	e	Print Nar	ne	Title	(Month, Day, Year)
	Comment:					

	eremonial Role Even	is and no	Revrass	Distributions		A Public Document
1.	Agency Name	and the second			Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie					rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693		@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor					\$32
	Does the agency have a ticke	t policy?	Yes 🔀 No		of Each Ticket/Pass \$	φυζ
	Event Description Baseball g	jame		Date(s)7	<u>, 01 , 16</u>	///
		Provide Title/Exp	blanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oaklai	nd A's Name of Sou	
	Mos tiskst distribution made	at the behavi		Chan		100
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Chan	Official's Name (L	_ast, First)
2	Recipients		in and the state	n an star an an star an		
э.	Use Section A to identify the agence	y's department or	runit. 🔍 Use Sec	ction B to identify an individ	ual. • Use Section C to ident	Ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
			Pass(es)			
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Davis, Rhonda			Ceremonial Role	Other D	Income
	Davis, Klionda		2			eld at a County facility in
					potential County reven	
	Hanna and an			Ceremonial Role	Other	Income
			2	If checking "Ceremor	nial Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Organ (include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
		· · · · · · · · · · · · · · · · · · ·				<u></u>
			-			
۵	Verification				as Bas	
-7.	Verification	44.1 ar	nd 18942. I have vi	erified that the distribution set	forth above, is in accordance wi	th the requirements.
			Sarah O	ddie	Supervisor's Assistant	t 07.28.2016
	wighature of Agency mean of Designe		Print Nan		Title	(Month, Day, Year)
	Comment:					

A Public Document

-						A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)		,	1	
	Sarah Oddie					<u> </u>
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month. Dav. Year)
2.	Function or Event Infor					
	Does the agency have a ticke		Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	\$32
	Event Description Baseball g					/
	Event Description	Provide Title/Exp	lanation	Date(s)		//////
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🔲 No [Main If no: Oakla	nd A's	
					Name of Sou	rce
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes:	i, Wilma	
6	of agency official?				Official's Name (L	ası, Firsi)
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant i	to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other	Income
	Loveman, Alisa		2	To promote attend	nial Role" or "Other" describe below: ance at a(n) event he potential County reven	eld at a County facility in ue
			2	Ceremonial Role If checking "Ceremor	Other D nial Role" or "Other" describe below:	income
	C. Name of Outside Organ (include address and dea		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	Varification	- 15			· 	

Verification

-	Sarah Oddie	Supervisor's Assistant	07.28.2016
	Print Name	Title	(Month, Day, Year)
Comment:			

Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Regi	ion (If Applicabl	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)			1	
Sarah Oddie					
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	:(Month, Day, Year)
Function or Event Inform	mation)OB. de #G2()5/9-4		
Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$	\$90 ticket/\$20 parking
Event Description Baseball g	jame		Date(s)	7 , 02 , 16	1 1
Event Description	Provide Title/Exp	olanation	Date(s)	/	//
Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	If no: Oakla	nd A's	
., ., .,				Name of S	Source
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Char	n, Wilma Official's Name	(l pot Eimt)
	-02-0			Omciara Mame	
• Use Section A to identify the agency	v's denartment o	r unit – la Uso Sov	ction B to identify an individ	ual • Use Section C to ide	ntify an outside organization
· Ose Section A to identity the agency	y s department o	Number of			
A				blic purpose made pursua	
A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)			nt to the agency's poincy
		Pass(es)			·····
A. Name of Agency, Departme B. Name of Individua (Last, First)		Pass(es)		Identify one of the follo	·····
B. Name of Individua (Last, First)		Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role		wing:
B. Name of Individua		Number of Ticket(s)/	Ceremonial Role If checking "Ceremo To promote attend	Identify one of the follo	wing: Income [//: held at a County facility ir
B. Name of Individua (Last, First)		Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend	Identify one of the follo	wing: Income [//: held at a County facility in enue
B. Name of Individua (Last, First)		Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role	Identify one of the follo	wing: Income [w held at a County facility in enue
B. Name of Individua (Last, First) Wong, Vivien C. Name of Outside Organ	al	Pass(es) Number of Ticket(s)/ Pass(es) 3/1	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follo Other nial Role" or "Other" describe below ance at a(n) event potential County rever Other	wing: Income [w: held at a County facility in enue Income [w:
B. Name of Individua (Last, First) Wong, Vivien	al	Pass(es) Number of Ticket(s)/ Pass(es) 3/1 3/1 Number of	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follo	wing: Income [w: held at a County facility in enue Income [w:
B. Name of Individua (Last, First) Wong, Vivien C. Name of Outside Organ (include address and destruction)	al	Pass(es) Number of Ticket(s)/ Pass(es) 3/1 3/1 Number of Ticket(s)/	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follo	wing: Income [w: held at a County facility in enue Income [w:
B. Name of Individua (Last, First) Wong, Vivien C. Name of Outside Organ	al nization scription)	Pass(es) Number of Ticket(s)/ Pass(es) 3/1 3/1 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pu	Identify one of the follo Other nial Role" or "Other" describe below ance at a(n) event potential County rever Other nial Role" or "Other" describe below blic purpose made pursua	wing: Income [held at a County facility in enue Income [minimized of the agency's policy
B. Name of Individua (Last, First) Wong, Vivien C. Name of Outside Organ (include address and destruction)	al nization scription)	Pass(es) Number of Ticket(s)/ Pass(es) 3/1 3/1 Number of Ticket(s)/ Pass(es)	Ceremonial Role It checking "Ceremo To promote attend order to maximize Ceremonial Role It checking "Ceremo Describe the put	Identify one of the follo Other nial Role" or "Other" describe below ance at a(n) event potential County rever Other nial Role" or "Other" describe below blic purpose made pursua	wing: Income [held at a County facility in enue Income [main to the agency's policy with the requirements.

	Temomal Role Even		NEUT 433	Distributions		A Public Document
1.	Agency Name	nge (15) filmangingan	14795 - 1684 - 1694 - 1694 - 1694 - 1694 - 1694 - 1694 - 1694 - 1694 - 1694 - 1694 - 1694 - 1694 - 1694 - 1694)ರಿಯ ಸಂಕರ್ಷ ಕೆಂದಿ ನಿರ್ದೇಶಕ ನಿರ್ದೇಶಕ ನಿರ್ದೇಶಕ ಕೆಂದು ಸಂಕರ್ಷ ಕೆಂದು ನಿರ್ದೇಶಕ	Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		-		
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No [_ Face Value o	f Each Ticket/Pass \$	\$27
	Event DescriptionBaseball g	ame		Date(s) 07	03 , 16	
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Oaklar	nd A's	
					Name of Sou	rce
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes [If yes: Chan	Official's Name (La	ast. First)
	a a fa ban jaya a sa a fa a sa a sa a sa a sa a sa a	5 15 m 5 m 4 m				
	• Use Section A to identify the agency	v's denartment or	unit e Use Sec	tion B to identify an individu	al Ise Section C to identi	fy an outside organization
			Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the following	10
	(Last, First)		Pass(es)		Identity one of the following	
	Gillies, Shaunisha				ial Role" or "Other" describe below:	Income
	Omes, Ondernand		2	•		eld at a County facility in
					potential County reven	
				Ceremonial Role	Other	Income
			2		ial Role" or "Other" describe below:	
			2			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
	· · · · · · · · · · · · · · · · · · ·		Pass(es)			
		10 10 10 10 10 10 10 10 10 10 10 10 10 1				
4.	Verification					
	I have read and understand FPPC Regu	lations 18944.1 an	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance witi	h the requirements.

	Sarah Oddie	Supervisor's Assistant	07.28.2016
4	Print Name	Title	(Month, Day, Year)

						The rest of the second
1.	Agency Name				Date Stamp	California 802
	Alameda County					and the second s
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)			4	
	Sarah Oddie				Amendment (Must pr	
	Area Code/Phone Number	E-mail				
	(510) 272-6693		@acgov.org		Date of Original Filing: -	(Month, Day, Year)
2.	Function or Event Infor	mation	- ¥2 ⊡] _ ► A AG :	rieda I - Alexandro I - Feferiadoria		- 1 - 1 C - 2 M - O - O - L C - 2 M 2 M
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$27
	Event Description Baseball g	jame		Data(a) 07	7 , 15 , 16	//
	Event Description	Provide Title/Exp	planation	Date(s)	·····]·········]·······]	//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	Ist If no: Oakla	nd A's	
		y agonoy .			Name of Sou	Irce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
	of agency official?				Official's Name (L	.ast, First)
3.	Recipients				3	
	Use Section A to identify the agence	y's department o	- T	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
			Pass(es)			
	B. Name of Individu	al	Number of		Identify one of the follow	ng:
	B. Name of Individu (Lest. First)	al			Identify one of the followi	
	(Lest, First)	al	Number of Ticket(s)/	Ceremonial Role If checking "Ceremon	Other	ng: income
	B. Name of Individu (Lest. First) Garling, Angie	al	Number of Ticket(s)/	If checking "Ceremo	Other D	
	(Lest, First)	al	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend	Other D	income [
	(Lest, First)	al	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role	Other Other other other describe below: ance at a(n) event h	income [
	(Lest, First)	nization	Number of Ticket(s)/ Pass(es) 2	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Other other describe below: ance at a(n) event h potential County reven Other	income [eld at a County facility in rue Income [
	(Lest, First) Garling, Angie C. Name of Outside Organ	nization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other inial Role" or "Other" describe below: ance at a(n) event h potential County reven Other Other nial Role" or "Other" describe below:	income [eld at a County facility in rue Income [
4.	(Lest, First) Garling, Angie C. Name of Outside Organ	nization scription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon Describe the put	Other inial Role" or "Other" describe below: ance at a(n) event h potential County reven Other Other nial Role" or "Other" describe below:	income
4.	(Lest First) Garling, Angie C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon Describe the put	Other Other' describe below: ance at a(n) event h potential County reven Other Other nial Role" or "Other" describe below: blic purpose made pursuant	income [eld at a County facility in rue Income [to the agency's policy

Ceremonial Role Eve	into and the	Keur ass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Re	gion (If Applicable)			For Official Use Only
Board of Supervisors					
Designated Agency Contac	t (Name, Title)				
Sarah Oddie					<u> </u>
Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6693	sarah.oddie(@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Info	ormation	40 DIS	i) α 5		
Does the agency have a tic	ket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$32
Event Description Basebal	Igame		Data(a) 07	<u>, 16 , 16 </u>	
Event Description	Provide Title/Expl	anation			//
Ticket(s)/Pass(es) provided	by agency?	Yes 🔲 No	If no: Oaklar	nd A's	
				Name of Sou	rce
Was ticket distribution made of agency official?	e at the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (L	ast First)
of agency official?				Unicial's Name (L	
• Use Section A to identify the age		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
B. Name of Individ	dual	Number of Ticket(s)/		Identify one of the follow	ng:
		Pass(es)	Ceremonial Role	Other	Income
Garcia, Jane		2	If checking "Ceremon To promote attenda	nial Role" or "Other" describe below:	eld at a County facility in
	,	2	Ceremonial Role If checking "Ceremor	Other Dial Role" or "Other" describe below:	Income
C. Name of Outside Org (include address and o		Number of Ticket(s)/ Pass(es)	Describe the put	plic purpose made pursuant	to the agency's policy
A Vorification					

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	07.28.2016
	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document

		to und me		Biotinoutorio		A Public Document
1.	Agency Name		380 CO 16-76		Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor					
	Does the agency have a ticke	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$27	
	• •				<u>, 17 , 16</u>	
	Event Description Baseball g	Provide Title/Exp	planation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency2	Vee 🗔 Ne l	If no: Oaklar	nd A's	
	nokel(3)/1 ass(es) provided b	y agency:	Yes 🗌 No 🛛		Name of Sou	rce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
	of agency official?			Official's Name (Last, First)		
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other	
	Lord-Hausman, Audrey		2	To promote attenda	^{nial Role" or "Other"} describe below: ance at a(n) event he potential County reven	eld at a County facility in ue
	_				Other D niał Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
-	Vorification	0 ;4(

4. Verification

11

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

 Sarah Oddie
 Supervisor's Assistant
 07.28.2016

 Print Name
 Title
 (Month, Day, Year)

Comment: _

I. Agency Name				Date Stamp	California 000	
Alameda County			Form OUZ			
Division, Department, or Regio	n (If Applicable)				For Official Use Only	
Board of Supervisors						
Designated Agency Contact (Na	ame, Title)					
Sarah Oddie			vide explanation in Part 3.)			
Area Code/Phone Number E	E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
(510) 272-6693	sarah.oddie@ao	cgov.org		Date of Original Filing: _	(Month, Day, Year)	
Function or Event Information						
Does the agency have a ticket p	oolicy? Yes	s 🛛 No	Face Value o	f Each Ticket/Pass \$ 🗕	\$80 ticket/\$20 parking	
Event Description Baseball ga	me		Date(s)07	, 18 , 16	1 1	
	Provide Title/Explanati	òn				
Ticket(s)/Pass(es) provided by	agency? Ye	s 🗆 No	If no: Oaklar	If no: Oakland A's		
				Name of Sou	rce	
Was ticket distribution made at the behest No I Yes X		If yes: Chan	, WIIMA Official's Name (L	ast First)		
of agency official?	of agency official?			Official s Name (L		
3. Recipients						
Use Section A to identify the agency's			tion B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit		lumber of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency'		to the agency's policy	
B. Name of Individual (Last First)		lumber of Ticket(s)/		Identify one of the following	ng:	
		Pass(es)	Ceremonial Role	Other	Income	
			If checking "Ceremon	ial Role" or "Other" describe below:		
			Ceremonial Role	Dther	Income	
C. Name of Outside Organiz (include address and desc	ation	Number of Ticket(s)/ Pass(es)	Describe the pub	ublic purpose made pursuant to the agency's policy		
Oakland Cal Ripken/Babe Ru PO Box 27549, Oakland, CA		18/4	To reward a school to the community	or nonprofit organizat	ion for its contributions	
Youth baseball league	Youth baseball league					
4. Verification	ons 18944.1 and 189	142. I have ve	I erified that the distribution set t	orth above, is in accordance wit	h the requirements.	
		Sarah O				
🖉 🗸 Signature of Agency Fread of Designee		Print Nan	· · · · · · · · · · · · · · · · · · ·	Supervisor's Assistant Title	(Month, Day, Year)	
Comment:						

A Public Document

		s and me	11001 000	Distributiono		A Public Document
1.	Agency Name		1 - 9 - C - 3 - 9 - 1 - 9		Date Stamp	California 802
	Alameda County			Form UUL		
	Division, Department, or Regio	n (If Applicabl	e)			For Officiai Use Only
	Board of Supervisors					
	Designated Agency Contact (N	ame, Title)				
	Sarah Oddie					
		E-mail			Amendment (Must pr	ovide 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 o	of Each Ticket/Pass \$	\$27
	Event Description Baseball ga	me		Date(s) 07	', 19 , 16	/
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no			If no: Oaklar	nd A's	· · · · · · · · · · · · · · · · · · ·
			Name of Sou	Irce		
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: <u>Ch</u> of agency official?		If yes: <u>Chan</u>	, VVIIIIa Official's Name (L	.ast. First)	
Land				ට ස්බර්ධ කොමාන් නො	76 <u>5-6 4 475 546. 100 4000</u> 0,	an anna an
ა.	■ Use Section A to identify the agency	s department o	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ifv an outside organization.
	A Number of					
			Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ng:
			Pass(es)	Ceremonial Role	Other	
					nial Role" or "Other" describe below:	
				Ceremonial Role		Income
				If checking "Ceremor	ial Role" or "Other" describe below:	
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	East Bay Asian Youth Cente 2025 E 12th St, Oakland, CA		2	To reward a schoo to the community	l or nonprofit organizat	tion for its contributions
	Youth services for Oakland s	students				
_						
4.	Verification		nd 18942. I have ve	arified that the distribution set	forth above, is in accordance wi	th the requirements.

 Sarah Oddie
 Supervisor's Assistant
 07.28.2016

 Organization of print Name
 Title
 (Month, Day, Year)

 $\overline{}$

Comment: _____

to page						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Regi	on (If Applicabl	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	1			
	Sarah Oddie		Amendment (Must p	ovide evolenation in Part 3)		
	Area Code/Phone Number	E-mail				
_	(510) 272-6693		@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	nation				¢07
	Does the agency have a ticke	•	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$	\$27
	Event Description Baseball g	ame		Date(s)7	<u>, 20 , 16</u>	//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 🛛 No	If no: Oakia	Name of Sol	1778
	Was ticket distribution made at the behest No I Yes I If yes: Chan					
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Chan of agency official?		Official's Name (I	.ast, First)		
2	Recipients	a-)				
υ.	Use Section A to identify the agency	y's department o	ual. • Use Section C to ident	ify 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		to the agency's policy
				· · · · · · · · · · · · · · · · · · ·		
	B. Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	Arnerich, Lil			Ceremonial Role	Dother Difference Income	
			2	To promote attend	ance at a(n) event held at a County facility i potential County revenue	
			2		Other describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	Plic purpose made pursuant	to the agency's policy
4.	Verification	c 18044 1 c	nd 18942 Library	arified that the distribution set	forth above, is in accordance wi	the requirements
	,	5 10344.1 8!				
	C Strature of Accounting to D		Sarah O		Supervisor's Assistan	
	Signature of Agency Head or Designee	9	Print Nan	ne	Title	(Month, Day, Ye

1. Agency Name		2 - 20 - 1 - 20 1 - 4	ative a state of a state of a	Date Stamp	California 000
Alameda County			Form 802		
Division, Department, or R	egion (If Applicable	;)	······	1	For Official Use Only
Board of Supervisors					
Designated Agency Conta	ct (Name, Title)				
Sarah Oddie					
Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inf	ormation				фот
Does the agency have a tie	cket policy?	Yes 🔀 No		of Each Ticket/Pass \$	
Event Description Baseba	ll game		Date(s)7	<u>, 21 , 16</u>	//
	Provide Title/Exp.	lanation			
Ticket(s)/Pass(es) provide	d by agency?	Yes 🗌 No	If no: Oaklai	Name of Sour	ce
Was ticket distribution made at the behest No I Yes If yes: Char					
of agency official?		Official's Name (La	st, First)		
3. Recipients					
• Use Section A to identify the ag	ency's department or	ction B to identify an individ	ual. • Use Section C to identif	y an outside organization.	
A. Name of Agency, Department or Unit		(interfer)		blic purpose made pursuant to the agency's policy	
_ · · · · · · · · · · · · · · · · · · ·		Pass(és)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
B. Name of Indiv (Last, First)	B. Name of Individual (Last, First)			Identify one of the followin	g:
				Other	Income
Sliber, Kalph	Silber, Ralph		To promote attend	onial Role" or "Other" describe below: dance at a(n) event held at a County facility potential County revenue	
	· · ·		Ceremonial Role	Other	Income
	2		If checking "Ceremo	nial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)		Describe the pul	blic purpose made pursuant t	o the agency's policy
	<u> </u>	Pass(es)			
A 1.1	1	10m) g thirt a		n)	
- - .	'8944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance with	the requirements.
		Sarah O	ddie	Supervisor's Assistant	07.28.2016
Signature of Agency Head or Des	ignee	Print Nan		Title	(Month, Day, Year)
Commont					
Comment:				EDDC Earm 902 /4/	

ŀ	Agency Name					
	Agency Mame		Date Stamp	California 802		
-	Alameda County			ronn		
D	Division, Department, or Regi	on (If Applicab		For Official Use Only		
	Board of Supervisors					
C	Designated Agency Contact (Name, Title)				
	Sarah Oddie		Amendment (Must o	rovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail				, ,
	(510) 272-6693	e@acgov.org	10 C 3 B = B C 2 C 1 C C	Date of Original Filing:	(Month, Day, Year)	
2. 1	Function or Event Inform				\$90 ticket/\$20 parking	
	Does the agency have a ticke		Yes 🔀 No		ach fickeurass p_	\$80 ticket/\$20 parking
E	Event Description Baseball game Date(s) 07			<u>, 21 , 16</u>	//////	
			nd A's			
Т	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: 0		If no: Oakiai	Name of Sol	urce	
v	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Char		, Wilma			
	of agency official? Vas ticket distribution made at the behest No ☐ Yes ☑ If yes: Cha			Official's Name (I	Last, First)	
3. 1	Recipients					
	 Use Section A to identify the agency 	y's department o	ual. • Use Section C to ident	tify an outside organization.		
1	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
T	B. Name of Individual					
2		al	Number of Ticket(s)/		Identify one of the follow	ing:
	B. Name of Individua (Last, First) Simmons, Shana	al	Ticket(s)/ Pass(es)		Identify one of the follow Other Other Instantial Role" or "Other" describe below:	ing: Income
	(Last, Firsi)	al	Ticket(s)/	If checking "Ceremor To promote attend	Other iial Role" or "Other" describe below:	Income
	(Last, Firsi)	al	Ticket(s)/ Pass(es)	If checking "Ceremor To promote attend order to maximize Ceremonial Role	Other D nial Role" or "Other" describe below: ance at a(n) event h	Income [eld at a County facility in nue
-	(Last, Firsi)	nization	Ticket(s)/ Pass(es) 10/2	If checking "Ceremor To promote attend order to maximize Ceremonial Role If checking "Ceremor	Other	Income [eld at a County facility i nue Income [
4.	(Lest, First) Simmons, Shana	nization scription)	Ticket(s)/ Pass(es) 10/2 10/2 Number of Ticket(s)/ Pass(es)	If checking "Ceremor To promote attends order to maximize Ceremonial Role If checking "Ceremor Describe the put	Other Ital Role" or "Other" describe below: Conce at a(n) event h potential County rever Other Other Other Other Dial Role" or "Cther" describe below: Dic purpose made pursuant	Income [eld at a County facility in nue Income [
	(Last, First) Simmons, Shana C. Name of Outside Orgar (include address and des	nization scription)	Ticket(s)/ Pass(es) 10/2 10/2 Number of Ticket(s)/ Pass(es) nd 18942. I have ve	If checking "Ceremon To promote attends order to maximize Ceremonial Role If checking "Ceremon Describe the put	Other Other Hal Role" or "Other" describe below: ance at a(n) event h potential County rever Other Other Hal Role" or "Other" describe below: Dilic purpose made pursuant Offic purpose made pursuant	Income [eld at a County facility in nue Income [to the agency's policy
4.	(Last, First) Simmons, Shana C. Name of Outside Orgar (include address and des	nization scription) tions 18944.1 a	Ticket(s)/ Pass(es) 10/2 10/2 Number of Ticket(s)/ Pass(es)	If checking "Ceremor To promote attendi- order to maximize Ceremonial Role If checking "Ceremor Describe the put	Other Ital Role" or "Other" describe below: Conce at a(n) event h potential County rever Other Other Other Other Dial Role" or "Cther" describe below: Dic purpose made pursuant	Income [eld at a County facility in nue Income [to the agency's policy

In the second second						
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form OOZ For Official Use Only		
	Division, Department, or Region	n (If Applicable	e)			r or official one only
	Board of Supervisors					
	Designated Agency Contact (Na	me, Title)				
	Sarah Oddie					
		-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693 s	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information	ation	at 28 20 1			
	Does the agency have a ticket p	olicy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	\$80 ticket/\$20 parking
	Event Description Baseball game Date(s) 07				, 21 , 16	1 1
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklar				nd A's Name of Sou	
	Was tigket distribution made at the behast of the second s					Irce
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: <u>Chan</u> of agency official?				Official's Name (L	.ast, First)
3.	• Use Section A to identify the agency's	department or	Ial. • Use Section C to ident	ify an outside organization.		
		Number of		lic purpose made pursuant		
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	ne purpose made pursuant	to the agency s policy
						.0
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	ng:
	(Last, First)		Pass(es)			
					ial Role" or "Other" describe below:	income
				in an earling bereinig		
	New constance of the second				Э.	
				Ceremonial Role		Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organiza	ation	Number of	Decertifies the south		to the exercise reflect
	(include address and descr		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	Cypress Mandela			To reward a schoo	l or nonprofit organizat	tion for its contributions
	977 66th Ave, Oakland, CA 9	4621	4/1	to the community		
	Pre-apprenticeship program f	or skilled				
	trade in construction industry	or ordinou				
4.	Verification	n i kada sin	ι τ		PE-200 222 5 -= 7	
	<i>II</i> · · · · · · · · · · · · · · · · · ·	s 18944.1 an	d 18942. I have ve	erified that the distribution set t	forth above, is in accordance wi	th the requirements.
	_		Sarah Oo	ddie	Supervisor's Assistant	t 07.28.2016
-	7		Print Nam	16	Title	(Month, Day, Year)
	Comment:				FPPC Form 802 (4/12	

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U	eremonial Role Events and Hc	ver a 22	DISTINUTIONS		A Public Document		
1.	Agency Name	1999 - 2000 - 4 COR - 65-64	1996 - Santa State State State State	Date Stamp	California 802		
	Alameda County				and the state of t		
	Division, Department, or Region (If Applicable)		1	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	-					
	Sarah Oddie						
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)		
	(510) 272-6693 sarah.oddie(@acgov.org		Date of Original Filing: .	(Month, Day, Year)		
2	Function or Event Information	999					
£.,		Yes 🗵 No	E Eace Value o	of Each Ticket/Pass \$	\$90 ticket/\$20 parking		
	Event Description Baseball game Provide Title/Expl	anation	Date(s)	<u>, 23 , 16</u>	//		
			If no: Oakla	nd A's			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of Sou	Irce		
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	, Wilma			
	of agency official?	Official's Name (L	.ast, First)				
3.	Recipients						
	• Use Section A to identify the agency's department or	unit. 👒 Use See	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy		
		Pass(es)			-		
	B. Name of Individual	Number of Ticket(s)/		identify one of the follow	ng:		
	(Last First)	Pass(es)	the second second second				
	Saejang, Linda			Dther	Income		
		3/1			eld at a County facility ir		
				potential County reven			
			Ceremonial Role	Other	Income		
		3/1	If checking "Ceremo	nial Role" or "Other" describe below:			
		5/1					
		Number					
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pul	blic purpose made pursuant	to the agency's policy		
	(Pass(es)					
4.	Verification	40040 //		fadh abara fa bara i	46 46		
	lh s 18944.1 and			forth above, is in accordance wil			
		Sarah O		Supervisor's Assistant			
	Signature of Agency Head of Designee	Print Nar	ne	Title	(Month, Day, Year)		

Comment: __

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A Public Document

A						
1.	Agency Name		Date Stamp	California 802		
	Alameda County					Form
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	-			
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
_	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	nation		600 per 1919 1919 1918 1918 1919 1919 1919 191		
	Does the agency have a ticker	t policy?	Yes 🛛 No	Face Value of Face Value of Face Value	of Each Ticket/Pass \$	\$32
	Event Description Baseball g	ame		Date(s) 07	7, 23, 16	//////
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No [If no: Oakla	nd A's	
				Name of Sol	urce	
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Chan	official's Name (I	act First
		1 416 51			Official's Name [
3.	Recipients					
	Use Section A to identify the agency	y's department or	Number of	tion B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Describe the pu Pass(es)		olic purpose made pursuant	to the agency's policy
					· · · · · · · · · · · · · · · · · · ·	· · · ·
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ing:
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	
	(Last, First)	al	Ticket(s)/		Other	ing:
	B. Name of Individua (Last. First) Gutierrez, Micka	al	Ticket(s)/	If checking "Ceremo	Other	Income
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend	Other	Income
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role	□ Other □ nial Role" or "Other" describe below: ance at a(n) event h potential County rever	Income
	(Last, First)	nization	Ticket(s)/ Pass(es) 2	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Other other describe below: ance at a(n) event h potential County rever Other Other	Income
	(Lest. First) Gutierrez, Micka C. Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Note: Content of the content	Income
	(Lest. First) Gutierrez, Micka C. Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Note: Content of the content	Income

_	 Sarah Oddie	Supervisor's Assistant	07.28.2016
Signature of Agency mean or Designee	 Print Name	Tifle	(Month, Day, Year)

Comment: _

A Public Document

	(1) The second s					
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form 002		
	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			Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number			Date of Original Filing:		
B	(510) 272-6693	sarah.oddie@	yacgov.org			(Month, Day, Year)
2.	Function or Event Infor			\$27		
					f Each Ticket/Pass \$	
	Event Description Baseball game Date(s) Date(s)				//	
	Fronce mercapanation					
	Ticket(s)/Pass(es) provided by agency? Yes No No If no: Oaklan			nd A's Name of Sou		
						irce
	Was ticket distribution made a of agency official?	Vas ticket distribution made at the behest No 🗌 Yes 🖾 If yes: Cha			, vviima Official's Name (L	ast First)
_						631, 1 1131/
	Use Section A to identify the agency A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)	Querra i I Pala	Identify one of the follow	ng: Income
				Ceremonial Role If checking "Ceremon	Other D	Income
				Ceremonial Role If checking "Ceremon	Other D	Income
	C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	East Bay Asian Youth Cent 2025 E 12th St, Oakland, C		2	To reward a school to the community	l or nonprofit organizat	ion for its contributions
	Youth services for Oakland	students				

4. Verification

I have read and understand EPEC Regulations 18044 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Sarah Oddie	Supervisor's Assistant	07.28.2016
	Print Name	Title	(Month, Day, Year)
Comment:			