,

eremonial Role Even	ts and Tic	ket/Pass	Distributions	•	A Public Document
Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Reg	ion (If Applicable	)	<u> </u>		For Cificial Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)	······ • • • •			
Lee Ann Fergerson, Super-	visor's Assista	nt			
Area Code/Phone Number E-mail			Amendment (Mvs	il provide explanation in Part 3.)	
(510) 272-6691				Date of Original Filing	B:(Month, Day, Year)
Function or Event infor	mation				
Does the agency have a tick	et policy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	32.00
Event Description	eball		Date(s)	,4,16	, ,
	Provido Tille/Expl	lanațion			
Ticket(s)/Pass(es) provided t	oy agency?	Yes 🗖 No	rn lifno:	and the	Alletics
			Ala	Meda County Supe	rvisor Scott Haggerty, D 1
Was ticket distribution made of agency official?	at the behest	No 🗖 Yes	🔲 If yes:	Officiel's Nem	
• Use Section A to Identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Uso Soction C to Id	entify an outside organization.
A. Namerof agency, Dapartin		Nene ett		C DUIDOSS INAUS DUIBU	ant lo thi agoncy's polloy.
		LE Ross(co)			
					- PT
			<u> </u>		
•					
	e so anna sa sa	N CNUMBER			
B.		Number of Ticketter Paseteel		Identify one of the foll	ewing:
				attendance at a co	
Wanda ho	mDSON	2	event in ord	er to maximize pot	ential county
	. P		revenue for	concession and pa	arking sales
· · · ·			Ceremonici Rote	Other 🖸	Income D
				mial Role" or "Other" describe bal	_
			1	eduction films for any second to the second second	
C Name of Outside Org	inizatički az nalioni	Number of	Describe Linu pl	biicipurpose macerpurau	unt lothe enency's polloy.
			a the help and in which he he he here here here here here her	<u>al in the statest leaded to the statest</u>	a gangentan Katala Sayarania (j. 12). T
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. Verification					
t hain and and unionional 2004 Do	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		erified that the distribution se		SI A US
		Lee Ann Fe		Supervisor's Assis	lant 1000000
Signatura el Agentiv Haad er Dosigi	100	Print Ne	កាម	5114	frantis, and by goil
Comment:					

Ceremonial Role Even	ts and Ticl	ket/Pass	Distributions	•	A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form
Division, Department, or Reg	on (If Applicable)	)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)				
Lee Ann Fergerson, Superv	isor's Assistan	t			
Area Code/Phone Number	Area Code/Phone Number E-mail				provide explanation in Part 3.}
(510) 272-6691				Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	mation				222.00
Does the agency have a ticke	t policy?	Yes 🚾 No	Face Value	of Each Ticket/Pass \$ _	200.00
Event Description	ders Ki	2-Sla	SDN Date(s)	, 27, 14	
	Provida Title/Expla	nalion	C	sa i)	
Ticket(s)/Pass(es) provided by	y agency?	Yes 😰 No 🛛	🔲 lf no: 🖉	Name of St	201708
Was ticket distribution made a	it the hehest	No 🗋 Yes	Ala		/isor Scott Haggerty, D 1
of agency official?			If yes:	Ófficial's Name	(Last, First)
3. Recipients					
<ul> <li>Use Section A to identify the agency</li> </ul>	y's department or u	nlt. • Use Sec	tion B to identify an individ	ual. • Use Section C to idea	tlify an outside organization.
A. Namerof Agency, Departme	nt on Unit	Number of Tickous/	Describe the pu	olic,purpose made pursuan	t to the agency's policy
2014年初,他们的社会的思想		Pass(es)			
···					
R		Numbar of . Tickeys)			
B. Nameofindividua		Pase(09)		Identify one of theffollow	
Mark Banard	lein	4/		dance at a county sponsor itial county revenue for co	
		171	parking sales.	that county revenue for co	Sheession and
			Ceremonial Role	Other	Income
	31 i		If checking "Ceremo	nial Role" or "Other" describe below:	
		Number of Ticket(a)/			
C. Name of Outside Organ	cription)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursvan	t to the agency's policy
				······	
ξ.				1990 î.	
<u> </u>					
4. Verification					
	:18944.1 and	18942. I have ve	rified that the distribution set	forth above, is in accordance w	
2		ee Ann Fer	The second se	Supervisor's Assistar	and the second s
Signature of Agency Head of Designed		Print Nam	e	Tille	(Month, Day, Year)
Comment:	·			<u>.</u>	

4.

4 A		Distributions		A Public Documen
1. Agency Name	20	Date Stamp	California 802	
Alameda County				Form 002
Division, Department, or Region	n (If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Na	me, Title)	1. C.		
Lee Ann Fergerson, Superviso	or's Assistant			
	-mail		Amendment (Must pl	ovide explanation in Part 3.)
2. Function or Event Informa			Date of Original Filing: _	(Month, Day, Year)
Does the agency have a ticket p		Eace Value o	of Each Ticket/Pass \$	27.00
Re. a	Burdland T			
Event Description	vide Title/Explanation	Date(s)	1110	9,11,10
Ticket(s)/Pass(es) provided by a	•	🗆 If no: 🙆	kland De	hletics
Was ticket distribution made at th	e hebest and the second	Alar	Name of Sout meda County Supervisor So	
of agency official?	ie behest No 🗌. Yes	If yes:	Official's Name (La	
8. Recipients • Use Section A to identify the agency's d	enartment or unit lice See	tion Q éo idontific on Indialder	6 n	
and the second	Number of	AND THE R. M. MARKED AND THE	en and a set of the main states and	A CONTRACTOR OF
A. Name of Agency, Department o	r Unit Pass(en)	Déscribe the publ	ic purpose made pursuant tr	the agency's policy
		,		
19				·······
B. Name of Individual (Unit: First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	- 
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			Ĩ.	
		Ceremonial Role	Other	
		il checking "Ceremonial	Role" or "Other" describe below:	9 9
C. Name of Outside Organization (include address and description	on Number of Ticket(s)/ On) Pasc(cs)	Describe the public	: purpose made pursuant to t	he agency's policy
LVJUSD		To reward a s	chool or non-profit o	rganization for
			ons to the community	
685 E. Jack London Bl. Livermore CA 94551				-
			÷ .	-
Verification				
A Hard room and understand EDBC Descriptions	18944.1 and 18942. I have veril Lee Ann Ferge		a above, is in accordance with the	requirements.
· · · · · · · · · ·	Print Name		The	(Monih, Day, Year)
Comment: Livenhore	vally Sourt	- Unified &	School Dist	rict.
findrai se	r for sch	ools fpi	PC Toll-Free Helpline: 866/A	FPPC Form 802 (4/12) SK-FPPC (866/275-7772)

					A Public Documer
1. Agency Name		a		Date Stamp	California 802
Alameda County Division, Department, or Reg	100 11 4				Form For Official Use Only
Division, Department, or Reg	iron (ir Applicable)		For Onicial Goo Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Superv	visor's Assistant				
Area Code/Phone Number				Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6691 leeann.fergerson@acgov.org			Date of Original Filing: _	(Month, Day, Year)	
2. Function or Event Inform					01-22
Does the agency have a ticke	t policy? Yes	No No	Face Value o	f Each Ticket/Pass \$	J. 1.00
Event Description	elsall	(	Date(s)	23,16	
	Provide Title/Explanatio	חי		C o b i	
Ticket(s)/Pass(es) provided by	y agency? Yes		🗇 If no: <u>Co</u>	Kland Name of Sour	hletics_
Was ticket distribution made a	t the behest No	. Yes	If yes: Alar	neda County Supervisor So	cott Haggerty, District 1
of agency official?		(		Official's Name (La	
Use Section A to Identify the agency     A. Name of Agency, Department	nt or Unit	imber of ckst(s)/. ass(ea).	and the second second second	c purpose made pursuant to	A MAR PARAMANAN AND AND A MAR AND A
4 			2		
			12		
		interior in the second	12		
B. Name of Individual	ि जाव	imber of cket(a)/ ass(ce)		Identify one of the following	2
B. Name of Individual	ि जाव	cket(s)	•	dance at a county spo	onsored me
B. Name of Individual New Free	ि जाव	cket(s)	event in order to	dance at a county spo maximize potential co	onsored me
B. Name of Individual Navi-Find	ि जाव	cket(s)	event in order to	dance at a county spo	onsored me
B. Name of Individual New Free	ि जाव	cket(s)	event in order to revenue for conce	dance at a county spo maximize potential co sion and parking sale	onsored me ounty es.
B. Name of Individual Navi-Find	ि जाव	cket(s)	event in order to revenue for conce Caremonial Role	dance at a county spo maximize potential co sion and parking sale	onsored me
B. Name of Individual (List First)	ि जाव	cket(s)	event in order to revenue for conce Caremonial Role	dance at a county spo maximize potential co esion and parking sale	onsored me ounty es.
B. Name of Individual Navi-Find	ि जाव	cket(s)	event in order to revenue for conce Caremonial Role	dance at a county spo maximize potential co esion and parking sale	onsored me ounty es.
B. Name of Individual (List First) MUMM Lucch C. Name of Outside Organiz (include address and descr	ation Num	cket(s)	event in order to revenue for conce Caremonial Role	dance at a county spo maximize potential co esion and parking sale	onsored me ounty es,
C. Name of Outside Organiz	ation Num	nber of	event in order to revenue for conce Caremonial Role	dance at a county spo maximize potential co esion and parking sale other [] Role" or "Other" describe below:	onsored 3me ounty es,
C. Name of Outside Organiz	ation Num	nber of	event in order to revenue for conce Caremonial Role	dance at a county spo maximize potential co esion and parking sale other [] Role" or "Other" describe below:	Income I
C. Name of Outside Organiz	ation Num	nber of	event in order to revenue for conce Caremonial Role	dance at a county spo maximize potential co esion and parking sale other [] Role" or "Other" describe below:	Income I

Print Name Täle Month, Døy, Year) ノレ •2 Comment: .

4.

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

Ceremonial Role Ever	nts and Ti	cket/Pass I	Distributions	9	A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					1 onin
Division, Department, or Re	gion (If Applicat	nle)		-	For Official Use Only
Board of Supervisors					
<b>Designated Agency Contact</b>	t (Name, Title)			-	
Lee Ann Fergerson, Super	rvisor's Assist	ant			
Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
(510) 272-6691	leeann.ferg	jerson@acgov.	org	Date of Original Filing:	(Month Day, Yesr)
2. Function or Event Info	rmation		· · ·		
Does the agency have a tick	et policy?	Yeş 🛄 🛛 No 🗌	] Face Value	of Each Ticket/Pass \$ _	201:00
Event Description BAA	JDAMS		Date(s)	1,12,16	1 1
	Provide Title/E)	<i>(planațion</i>		2)	
Tickel(s)/Pass(es) provided	by agency?	Yes 🛄 No 🕻	] if no: 🡉	5W	
idles at less attaction in a start	مغالب والمعاد		AI	Name of So ameda County Superv	lisor Scott Haggerty, D 1
Was ticket distribution made of agency official?	at the benest	No 🗖 Yes 🕻	🗗 🛛 lf yes:	Öfficial's Name (	Lasi, Firzi)
3. Recipients					
• Use Section A to identify the age					
A. Name of Agentry, Depart	fletitionUnit			ublicipunciae mado punsuan	to the agency & policy
		Will INLINGTON.			
		Televel Paselook		licently one of the follow	
Esmeralda	Carz	1.1		e attendance at a cou	
ESMERAN		- 4		der to maximize pote	
			revenue to	or concession and par	king sales
· · · · · · · · · · · · · · · · · · ·		-	Ceremonial Rel	e 🔲 Other 🛄	Income
			If checking "Caren	nantal Rolo" ar "Other" describe below:	
		ALL SONOTOBERS			
		rickel(a)) Fose(ca)	Describe Liep	ubilç purpose made purquan	tiodha sgency a policy
			•	•	
				•	· · · · · · · · · · · · · · · · · · ·
4. Verification					
	944.1	and 18942. I have ve	ified that the distribution s	et forth ebove, is in accordance w	52/16/110
		Lee Ann Fer		Supervisor's Assistar	
adutatina au valanañ saoral ar maniñ		Print Name	•	Tilla	(Month, Osy, Year)
Comment:					
					FPPC Form 802 (4/12

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

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	TOREDI de	S DISTINUTIONS		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County	2			Form 002	
Division, Department, or Region (If Applic	Division, Department, or Region (If Applicable)				
Board of Supervisors					
Designated Agency Contact (Name, Title)			×		
Lee Ann Fergerson, Supervisor's Assis	-		8		
Area Code/Phone Number   E-mail		•	Amendment (Musi p	rovide explanation in Part 3.)	
	rgerson@acg	01/077	Date of Original Filing:		
	gerson@acg		Parts of original Paing.	(Month, Day, Year)	
2. Function or Event Information		9000			
Does the agency have a ticket policy?	Yes D N	o 📋 🛛 Face Value d	of Each Ticket/Pass \$	10.00	
Event Description	$\sum_{i=1}^{n}$	Date(s)	, 23, 2016		
Provide Title/E	Explanation	<u></u>	En ON		
Ticket(s)/Pass(es) provided by agency?	Yes ZON	If no:	Name of Sou	hletics_	
Was ticket distribution made at the behesi		Ala	meda County Supervisor S		
of agency official?	No 🗋 Ye	s If yes:	Official's Name (L		
3. Recipients					
Use Soction A to identify the agency's department	or unit. • Use S	action B to identify an individu	al las Sertion C en Kentu	i Viela de la companya	
	Number of		<ul> <li>A set of a set of the set of th</li></ul>	A CONTRACTOR OF STREET, ST	
A. Name of Agency, Department or Unit	Ticket(s)/. Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy	
8			and the second	an a	
8		· •			
3					
B. Name of Individual	Number of Ticket(s)/		Identify one of the following		
(Lest, Firel)	Pass(es)		forming one of the lotewill		
			-	ime	
		ł		*	
		Coremonial Role	Other		
			I Role" or "Olher" describe below;	Income	
2			•		
				20	
C. Name of Outside Organization	Number of	Decaribe the public		ates a constant at	
(include address and description)	Ticket(s)/ Pass(as)	Describe the public	c purpose made pursuant to	the agency's policy	
Give Teens 20	117	To reward a schoo	l or non-profit organi	zation for	
GIVE Teens 20 7100 Stevenson Bl.	7/	it's contributions t	• –		
Fremont CA 94538		-			
FILMUM CAT -14550				2 2	

# 4. Verification

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

	Lee Ann Fergerson	Supervisor's Assistant	\$/10/10
א אלועמוזאה היאפעולא נופטא נה הפאלוונים	Print Name	Thie	(Month, Day, Year)
comment: Is <u>encourage</u> to use tools and them find their	and equipteens resources to help	by providing no FPPC Toll-Free Helpline: 856/A	EDDC EARD 200 (414 0)

1. Agency Name       Date Stamp       California         Alameda County       Division, Department, or Region (if Applicable)       For Offen         Board of Supervisors       Dessignated Agency Contact (Nome, Title)       Image: Contact (Nome, Title)         Lee Ann Fergerson, Supervisor's Assistant       Image: Amondment (Must provide explanation)         Area Code/Phone Number       E-mail       Image: Contact (Nome, Title)         Lee Ann Fergerson, Supervisor's Assistant       Image: Contact (Nome, Title)       Image: Contact (Nome, Title)         Lee Ann Fergerson, Supervisor's Assistant       Image: Contact (Nome, Title)       Image: Contact (Nome, Title)         Lee Ann Fergerson, Supervisor's Assistant       Image: Contact (Nome, Title)       Image: Contact (Nome, Title)         Lee Ann Fergerson, Supervisor's Assistant       Image: Contact (Nome, Title)       Image: Contact (Nome, Title)         Lee Ann Fergerson, Supervisor's Assistant       Image: Contact (Nome, Title)       Image: Contact (Nome, Title)         2. Function or Event Information       Does the agency have a ticket policy?       Yes Image: Contact (Nome, Title)       Image: Contact (Nome, Title)         Does the agency have a ticket policy?       Yes Image: Contact (Nome, Title)       Image: Contact (Nome, Title)       Image: Contact (Nome, Title)         Ticket(s)/Pass(es) provided by agency?       Yes Image: Contact (Sounty Supervisor Scott Hates of agency official?	- Comercian Commercian
Alameda County       For Official         Division, Department, or Region (If Applicable)       For Official         Board of Supervisors       Designated Agency Contact (Neme, Title)         Lee Ann Fergerson, Supervisor's Assistant       Image: Amendment (Must provide explanation)         Area Code/Phone Number       E-mail         (510) 272-6691       Ieeenn.fergerson@acgov.org         2. Function or Event Information       Does the agency have a ticket policy?         Provide Tube/Explanation       Face Value of Each Ticket/Pass \$         Provide Tube/Explanation       Date(s)         Provide Tube/Explanation       If no:         Was ticket distribution made at the behest       No I Yos I if yes:         Vas ticket distribution made at the behest       No I Yos I if yes:         Official's Neme (Lest, Plinst)       Official's Neme (Lest, Plinst)         3. Recipients       • Use Section B to Identify as Individual.       • Use Section C to Identify an outside or	1 802
Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number         E-mail         Icoan, fergerson@acgov.org         Date of Original Filling:         (Month, Day, Yes)         No         Provide Title/Explenation         Date(s)         Bate of Original Filling:         (Month, Day, Yes)         No         Does the agency have a ticket policy?         Yes)         No         Provide Title/Explenation         Date(s)         Provide Title/Explenation         If no:         Mame of Source         Alarmeda County Supervisor Scott Ha         of agency official?         No         Yes Section B to Identify an Individual.         • Use Section A to identify the agency's department or critt.         • Use Section A to identify the agency's department or critt.	
Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number         E-mail         (510) 272-6691         Designation or Event information         Does the agency have a ticket policy?         Yes         Provide Titla/Explenation         Ticket(s)/Pass(es) provided by agency?         Yes         Was ticket distribution made at the behest of agency official?         No         Yes         Yes         Yes         Yes         No         Yes	Use Only
Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number         E-mail         (510) 272-8691         Designated Agency Contact (Name, Title)         Date of Original Filling:         (Monih, Day, Yes)         2. Function or Event information         Does the agency have a ticket policy?         Yes)         Provide Title/Explenation         Ticket(s)/Pass(es) provided by agency?         Yes)         Was ticket distribution made at the behest of agency official?         No         Yes)         No         Yes)         No         Yes)         No         Yes)         No         Name of Source         Alameda County Supervisor Scott Ha         of agency official?         Name (Lest, Finst)         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 org	
Area Code/Phone Number       E-mail         (510) 272-6691       leeann.fergerson@acgov.org         2. Function or Event information       Onte of Original Filling:         Does the agency have a ticket policy?       Yes I No I         Event Description       Area Courty         Provide Title/Explanation       Date of Original Filling:         Ticket(s)/Pass(es) provided by agency?       Yes I No I         Was ticket distribution made at the behest of agency official?       No I Yes I No I Yes I for the time of Source         Alameda County Supervisor Scott Ha of agency official?       Official's Name (Lest, 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 orgonalized org	
Area Code/Phone Number       E-mail         (510) 272-6691       leeann.fergerson@acgov.org         2. Function or Event information       Date of Original Filling:         Does the agency have a ticket policy?       Yes I No I         Event Description       Area Courty         Provide Title/Explanation       Date of Original Filling:         Ticket(s)/Pass(es) provided by agency?       Yes I No I         Was ticket distribution made at the behest of agency official?       No I Yes I No I Yes I for the tidentify an outside org         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 org	
(510) 272-6691       leeann.fergerson@acgov.org       Date of Original Filling:	in Part 3.)
2. Function or Event information     Does the agency have a ticket policy? Yes Volume Ves Ves Volume of Each Ticket/Pass \$	987)
Event Description       ADGUE         Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes I No I         If no:       GGW         Was ticket distribution made at the behest no I vage       If no:         Official?       Official?         S. 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 orgonal control or unit.	
Event Description	$\overline{\mathcal{A}}$
Provide Title/Explenation         Date(s)         Provide Title/Explenation         Ticket(s)/Pass(es) provided by agency?         Yes II No I         Was ticket distribution made at the behest         No I         Name of Source         Alameda County Supervisor Scott Ha         Official?         Official?         Official? Name (Lest, First)         Section B to identify an individual.         Use Section A to identify the agency's department or unit.	,
Was ticket distribution made at the behest No Yes I if yes:       Name of Source         Alameda County Supervisor Scott Ha         of agency official?       If yes:         Official?       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 org	_/
Was ticket distribution made at the behest No Yes Alameda County Supervisor Scott Ha 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 org	
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 org	gerty D1
<ul> <li>3. Recipients</li> <li>• Use Section A to identify the agency's department or unit.</li> <li>• Use Section B to identify an individual.</li> <li>• Use Section C to identify an outside orgonality of the end of the end</li></ul>	
• 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 org	
	anization.
· · · · · · · · · · · · · · · · · · ·	Period in the
	a stational to a station of station
B None of individual	
B	even no [
Vou Seever in order to maximize potential county revenue	for
7 concession and parking sales	
Caremoniai Role Other Il chacking "Cenamental Role" ar "Other" describe below:	income L
•	
C. Name of Surgice Organization of the Section of t	COLOY
· · · ·	
4. Verification 1 14.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirement	<b>s.</b>
S1	-1-10
	onth, Qay, Your)
Comment:	

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

. Ασ	ency Name				Daia Sia.	A Public Docur
-	meda County				Date Stamp	California 80
	ision, Department, or Reg	ion (If Applicat	nie)		<u> </u>	For Official Use Onl
	ard of Supervisors	<u> </u>	27		-	
Des	Ignated Agency Contact	Name, Title)			a	
Lee	Ann Fergerson, Superv	isor's Assista	ant			
Area	a Code/Phone Number	E-mail			Amendment (Musi pi	ovide explanation in Part 3.)
(510	10) 272-6691 leeann.fergerson@acgov.org			Date of Original Filing: .	(Month, Day, Year)	
Fur	nction or Event Inform	nation				
Does	s the agency have a ticke	policy?	Yes 🖾 No	Face Value	of Each Ticket/Pass \$	21,00
E	Buis	0/00/00	Ţ	_ (	8.9.10	
ever	nt Description	Provide Title/Exp	alanation	Date(s)	<u> </u>	
Ticke	et(s)/Pass(es) provided by	agency?	Yes	🗆 If no: 📿	ekland DA	<u>fletics</u>
	ticket distribution made a	the behest	No 🗍, Yes	If yes:A	lameda County Supervisor Se	cott Haggerty, District 1
of a	igency official?				Official's Name (Le	
Α.	Name of Agency, Departme	- 44 - 14 - 14 - 14 - 14 - 14 - 14 - 14	Number of Ticket(s)/ Pass(ss)	BREED AND A STREET AND A	dual. • Use Section C to identif blic purpose made pursuant b	o the agenoyis policy
	-23					
B.	Name of Individual		Number of Ticket(s)		Identify one of the following	ji
	· · · · · · · · · · · · · · · · · · ·		Pass(es)	To promote att	endance at a county sp	onsored
K	7			,	o maximize potential c	100
Ħ	RIC Zell		12		cesion and parking sale	•
				Coremonial Role It checking "Ceremon	Other	Income
<b>c</b> .	Name of Outside Organiz (include address and desci		Number of Ticket(s)/ Pass(as)	Describe the pub	plic purpose made pursuant to	the agency's policy
~				*	· ·	5
	<u></u>					

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

		Lee Ann Fergerson	Supervisor's Assistant	8-1-16
V	TENEN	Print Name	Thie	(Monih, Day, Year)
<b>.</b> .	$\bigcirc \bigcirc$		3. 1910	
Comment: _				

#### Agency Report of: D:-4-14 .43 C

Ceremonial Role Even	ts and lici	ket/Pass I	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County				, Contra	
Division, Department, or Regi	on (If Applicable,	)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)		•		
Nancy Sa				Amondmont (Must or	rovide explanation in Part 3.)
Area Code/Phone Number	E-mail			] —	
(510) 272-6692	92 nancy.sa@acgov.org			Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Infor	mation				274
Does the agency have a ticke	t policy?	Yes 🗵 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$ _	
Event Description <u>Adele</u>			Date(s)08	3 <u>, 02 , 16</u>	
	Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [	If no: Golde	n State Warriors Name of So	urce
			<b>-</b> Valle	, Richard- Supervisor I	
Was ticket distribution made a of agency official?	at the benesi	No 🗌 Yes [	X If yes: <u>Valid</u>	Official's Name (I	Last, First)
3. Recipients • 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 iden	tify an outside organization.
A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	
	,	Number of			
B. Name of Individu (Last, First)	a	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Aro-Valle, Barbara		2		nial Role" or "Other" describe below:	Income
				lance at an event held potential revenue from	
			Ceremonial Role	Other 🔀	Income
Zhu, Julie		2	If checking "Ceremo	nial Role" or "Other" describe below:	
			To reward a comn	nunity volunteer for her	r service to the public.
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
4. Verification	ulations 18944.1 an	d 18942. I have v	erified that the distribution set	forth above, is in accordance w	ith the requirements.
_		Nancy	Sa	Supervisor's Assistar	nt 8/24/10

Comment: \_\_\_\_

Date Stamp California 1. Agency Name 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 165 Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Andre Ward vs. Alexander Brand 80 06 16 Date(s) \_ Provide Title/Explanation If no: Golden State Warriors 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: В. Ticket(s)/ (Lasi, First) Pass(es) -

Fajardo, Carlos	4	Ceremonial Role C Other C Income I Income T Income T Income T Income To reward a community volunteer for her service to the public.
	4	Ceremonial Role Other 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

### 4. Verification

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

t 8/2

A Public Document

Nancy Sa Print Name Supervisor's Assistant

Comment: \_

C	eremonial Role Even	ts and Tic		A Public Document			
1.	Agency Name			<sup>1</sup>	Date Stamp	California 802	
	Alameda County					Form OOZ For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	9)			Tor Onicia: Osc Only	
	Board of Supervisors				-		
	Designated Agency Contact	(Name, Title)					
	Nancy Sa		Amendment (Must p	rovide explanation in Part 3.)			
	Area Code/Phone Number	E-mail					
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				204	
	Does the agency have a ticke	et policy?	Yes 🛛 No [		of Each Ticket/Pass \$ _		
	Event Description Banda MS	6		Date(s)08	3 <u>, 12 , 16</u>	//	
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided b	Yes 🗌 No [	If no: Golde	n State Warriors Name of So	1///20		
			Valla				
	Was ticket distribution made of agency official?	at the behest No 🗌 Yes 🛛 If yes: 🔽			e, Richard- Supervisor District 2 Official's Name (Last, First)		
	Use Section A to identify the agend     A. Name of Agency, Departm		r unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to iden		
	B. Name of Individu	ıal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ňng:	
			Fass(es)	Ceremonial Role	Other X		
	Cruz, Esmeralda				nial Role" or "Other" describe below:		
			4	To reward a comm	nunity volunteer for he	r service to the public.	
			4	Ceremonial Role If checking "Ceremo	D Other X nial Role" or "Other" describe below:	Income	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuan	t to the agency's policy	

4. Verification

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

 Image: State of the state

	Inditcy Sa	Supervisor a Assistant	0127119
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

### Agency Report of: J Tiskat/Dage Distributions С

Ceremonial Role Even	is and ne	Keurass I	Distributions		A Public Document	
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)					
Nancy Sa						
Area Code/Phone Number	E-mail			Amendment (Must pr	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						
Does the agency have a ticke		Yes 🛛 No [	Face Value o	of Each Ticket/Pass \$	156.50	
				3 , 13 , 16	//	
Event Description	Event Description The Dream Team Date(s) Date(s)				/	
Ticket(s)/Pass(es) provided t		Yes 🗌 No 🛛	M If no: Golde	n State Warriors		
	sy agonoy .			Name of So		
Was ticket distribution made	at the behest	No 🗌 Yes [	If yes: Valle	e, Richard- Supervisor District 2		
of agency official?				Official's Name (Last, First)		
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			Ceremonial Role	Other 🔀		
Aftab, Usman	Aftab, Usman C. Name of Outside Organization (include address and description)		-	nial Role" or "Other" describe below: nunity volunteer for his	service to the public.	
			Ceremonial Role If checking "Ceremo	Other X nial Role" or "Other" describe below:	Income [	
C. Name of Outside Org (include address and d			Describe the pu	blic purpose made pursuan	t to the agency's policy	

### rification

i.

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

16 41

Print Name

Nancy Sa

Supervisor's Assistant Title

Ż (Month, Day, Year)

Comment: \_

**A Public Document** 

1.	Agency Name		Date Stamp	California 802			
	Alameda County			For Official Use Only			
	Division, Department, or Regi	on (If Applicable	e)			For Onicial Ose Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Nancy Sa				Amendment (Must pro	vide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:(Month, I		
2.	Function or Event Infor	mation				25	
	Does the agency have a ticke	Yes X No Face Value o		of Each Ticket/Pass \$ 35			
	Event Description The Ringling Bros.			Dete(a) 08	Date(s) 08 18 16		
	Event Description	lanation					
	Ticket(s)/Pass(es) provided by agency? Yes □ No 🛛			lf no: Golder	If no: Golden State Warriors		
			Name of Source				
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: Valle, Richard- Supervisor District 2			
	of agency official?			-	Official's Name (La	ast, First)	
3.	• Use Section A to identify the agence	v's department o	runit. • Use Section	B to identify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t		
	а					_	
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the following	ng	

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Gonzalez, Yesenia	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking a community volunteer for her service to the public.
	4	Ceremonial Role Conther Control Control Ceremonial Role Other Control Control 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 verified that the distribution set forth above, is in accordance with the requirements.

lh-	I have used and used and reader to the requirements.							
		Nancy Sa	Supervisor's Assistant	8/24/14				
-		Print Name	Title	(Month, Day, Year)				

**A Public Document** 

1.	Agency Name				Date Stamp	California 80	)2
	Alameda County					Form For Official Use Only	
	Division, Department, or Regi	on (If Applicable)	)				′
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Nancy Sa				Amendment (Must prov	vide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation				,	42
	Does the agency have a ticke	t policy?	Yes 🗵 No 🗌	Face Value o	of Each Ticket/Pass \$		<u> </u>
	Event Description The Ringling Bros.			Date(s)08	<u> </u>	//	
	Ticket(s)/Pass(es) provided by		Yes 🗌 No 🛛	If no: Golder	n State Warriors Name of Sour	ce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor D Official's Name (La	istrict 2	

### 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:
Contreras, Hannia	4	Ceremonial Role Cother Conternation Income Income Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.
	4	Ceremonial Role Other 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

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

	Nancy Sa	Supervisor's Assistant	8/24/14
of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

Signature

#### Agency Report of: . . . . C

Ceremo	onial Role Event	s and lic	ket/Pass I	Distributions		A Public Document
1. Agend	y Name				Date Stamp	California 802
Alame	da County			Form OOZ For Official Use Only		
Division	n, Department, or Regi	on (If Applicable	)			For Onidal Ose Only
Board	of Supervisors					
	ated Agency Contact (	Name, Title)			1	
Nancy	Sa					
•	ode/Phone Number	E-mail			Amenament (Must p	rovide explanation in Part 3.)
(510) 2	272-6692	nancy.sa@a	icgov.org		Date of Original Filing:	(Month, Day, Year)
2. Funct	ion or Event Inform	nation			·	40
Does th	e agency have a ticke	t policy?	Yes 🗵 No 🛛	Face Value o	of Each Ticket/Pass \$ _	42
Event [	Description	ng Bros. Provide Title/Expl	anation	Date(s)8	3 , 20 , 16	//
Ticket(				n State Warriors Name of Sci		
				, Richard- Supervisor		
	Was ticket distribution made at the behest No I Yes I If yes: Valle of agency official?			Official's Name (	Last, First)	
	ction A to identify the agency		Number of Ticket(s)/ Pass(es)		ual. • Use Section C to iden	
В.	Name of Individua (Lasi, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	vîng:
Rodrig	Rodriguez, Robert		4	-	Other M nial Role" or "Other" describe below: nunity volunteer for his	
			4	Ceremonial Role If checking "Ceremo	Other X nial 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 pu	blic purpose made pursuan	t to the agency's policy
					2	

#### Verification 4.

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.

¢ Ø Supervisor's Assistant Nancy Sa 41 \_ Print Name Title (Month, Day, Year) Comment: \_

**A Public Document** 

1. Agency Name					Date Stamp	802	
	Alameda County					Form	Lies Only
	Division, Department, or Reg	ion (If Applicable	э)			For Official	Use Only
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Nancy Sa				Amendment (Must pro	vide explanation in	Part 3
	Area Code/Phone Number	E-mail					
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:(Month, Day, Year)		
2. Function or Event Information						40	
Does the agency have a ticket policy? Yes			Yes 🛛 No 🗌 👘 Face Value o		of Each Ticket/Pass \$42		
	Event Description	ng Bros.		Date(s)8	<u> </u>	/	_/
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Golder	en State Warriors		
		.,			Name of Source		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes [	No Yes If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)		ast. First)	
_					· · · · · · · · · · · · · · · · · · ·	,	
<ul> <li>Recipients         <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individual.</li> <li>Use Section C to identify an outside organization.</li> </ul> </li> </ul>					inization.		
	A. Name of Agency, Departmo	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant f	to the agency's p	olicy

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

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

	Nancy Sa	Supervisor's Assistant	8/24/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

**A Public Document** 

1.	Agency Name				Date Stamp	California 802
	Alameda County					For Official Use Only
	Division, Department, or Regi	on (If Applicable	)			, o, onicia doo oniy
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Nancy Sa				Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6692	nancy.sa@a	icgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				10
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗋	Face Value o	of Each Ticket/Pass \$	42
	Event Description The Ringli	ng Bros.		Date(s) <u>08</u>	3 , 21 , 16	//
	·	Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Golder	n State Warriors Name of Sour	rce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🕅	If yes: <u>Valle</u> ,	, Richard- Supervisor D Official's Name (La	istrict 2
_						

### 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:
Pinzon, John	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
	4	Ceremonial Role Other 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

### 4. Verification 11

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

8/24 110 Supervisor's Assistant

Nancy Sa (Month, Day, Year) Title Print Name Signature of Agency mean of Designee

### Comment: \_

Date Stamp California 1. Agency Name 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.) E-mail Area Code/Phone Number Date of Original Filing: \_ (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 42 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🛛 No 🗆 Date(s) \_\_\_\_08 The Ringling Bros. 16 22 **Event Description** Provide Title/Explanation If no: Golden State Warriors 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. 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: Otero, Heysell 4 To reward a community volunteer for her service to the public. Other 🔀 Income 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. 4 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)

Comment: \_

A Public Document

**A Public Document** 

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUL
	Division, Department, or Regi	ion (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Nancy Sa				Amendment (Must or	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing: -	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	99
	Event Description SUPERCI	TY Summer F	est	Date(s)08	, 19 , 16	
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗋 No 🛛	If no: Oaklar	nd Athletics	rce
	And the statistic definition of the state			Valle	Richard- Supervisor D	
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes 🛛	If yes:	Official's Name (La	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.

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:
Truong, Alan	2	Ceremonial Role Cother Content
Contreas, Aubrey	2	Ceremonial Role Other Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
······		

### 4. Verification

1

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

Signature of Agency Head or Designee

Nancy Sa Print Name

Supervisor's Assistant

Title

8 14 (Month, Day, Year)

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: nancy.sa@acgov.org (510) 272-6692 (Month, Day, Year) 2. Function or Event Information 80 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗋 Event Description Oakland A's vs. Cleveland Indians 24 16 08 / Date(s) \_ 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.

Α.	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	Number of Ticket(s)/	Identify one of the following:
	(Lasi, Firsty	Pass(es)	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role D 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
	Rose Hospital Foundation, 27200 laroga Ave. Hayward, CA 94545	18	To reward a non profit organization for its contributions to the public.
Pro nee	ovides quality healthcare to all those in ed.		

### 4. Verification

Comment:

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

_	Nancy Sa	Supervisor's Assistant
Signature of Agency Head or Designee	Print Name	Title

**A Public Document** 

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

Comment: \_\_\_\_

Ce	eremonial Role Events and Tick	et/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OOZ
	Division, Department, or Region (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	rovide explanation in Part 3.)
	(510) 272-6692 nancy.sa@ad	gov.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. Seattle N	/lariners	Date(s) 08	<u> </u>	
	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 🛛 No 🛛	If no: Oaklai	nd Athletics Name of Sc	
				, Richard- Supervisor	
	Was ticket distribution made at the behest of agency official?	No 🗋 Yes [	If yes: Valle	Official's Name (	Last, First)
3.	• Use Section A to identify the agency's department or u	nit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
		Number of			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	t to the agency's policy
		Number of		17° -	
	B. Name of Individual (Last, Firsi)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
			Ceremonial Role	Other	income
			If checking "Ceremo	nial Role" or "Other" describe below:	
			Ceremonial Role If checking "Ceremo	Dther nial 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 pursuan	t to the agency's policy
	South Hayward Parish, 27287 Patrick Ave. Hayward, CA 94544	3	To reward a non p public.	rofit organization for it	s contributions to the
	Provides variety of services to people in need.				
4.	Verification				
	ns 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
		Nancy	Sa	Supervisor's Assistar	nt MUHIL
	Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)

**A Public Document** 

						in the second second second second
1.	Agency Name				Date Stamp	California 802
	Alameda County					For Official Use Only
	Division, Department, or Reg	ion (If Applicable				Tor official coc only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Nancy Sa				Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				38
	Does the agency have a ticke	t policy?	Yes 🗵 🛛 No 🗌		of Each Ticket/Pass \$	
	Event Description Oakland A	s vs. Seattle		Date(s)08	3 , 12 , 16	//
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Oakla	Name of Sou	rce
	Was ticket distribution made a	at the hehest		Jan , Valle	, Richard- Supervisor D	District 2
	of agency official?		No 🗌 Yes 🛛	A If yes:	Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agend	y's department or	unit. • Use Sect	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
					<u> </u>	
	B. Name of Individu	ıal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
				Ceremonial Role	Dother nial Role" or "Other" describe below:	

		Ceremonial Role Other Income 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
South Hayward Parish, 27287 Patrick Ave. Hayward, CA 94544	2	To reward a non profit organization for its contributions to the public.
Provides variety of services to people in need.		

### 4. Verification

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

	Nancy Sa	Supervisor's Assistant	8/24/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

#### Agency Report of: d Tickot/Pass Distributions . . . С

J. P. D - -

_						
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOL For Official Use Only
	Division, Department, or Reg	ion (If Applicab	le)			
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name, Title)				
	Nancy Sa				Amendment (Must	provide explanation in 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 Info	rmation				32
	Does the agency have a tick		Yes 🛛 No 🗌		of Each Ticket/Pass \$ _	
	Event Description Oakland	A's vs. BAL C	Prioles	Date(s)08	3 , 11 , 16	//
		Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No 🛛	If no: Oakla	Name of So	ource
	Was ticket distribution made	at the hehest	No 🗌 Yes 🛛	If year. Valle	, Richard- Supervisor	
	of agency official?	at the beneot		n ves.		
	of agency onioidi:				Official's Name	(Last, First)
3					Official's Name	(Last, First)
3.	• Use Section A to identify the agen	cy's department o	or unit. • Use Section		Official's Name	(Last, First)
3.	Recipients		or unit. • Use Section Number of Ticket(s)/ Pass(es)	n B to identify an individ	Official's Name	(Last, First) ntify an outside organization.
3.	• Use Section A to identify the agen		Number of Ticket(s)/	n B to identify an individ	Official's Name	(Last, First) ntify an outside organization.
3.	• Use Section A to identify the agen		Number of Ticket(s)/	n B to identify an individ	Official's Name	(Last, First) ntify an outside organization.
3.	• Use Section A to identify the agen	nent or Unit	Number of Ticket(s)/	n B to identify an individ	Official's Name	(Last, First) ntify an outside organization. It to the agency's policy
3.	Recipients         • Use Section A to identify the agen         A.       Name of Agency, Departm         B.       Name of Individual	nent or Unit	Number of Ticket(s)/ Pass(es)	n B to identify an individ Describe the pul	Official's Name ual. • Use Section C to iden blic purpose made pursuan ldentify one of the follow	(Last, First) ntify an outside organization. It to the agency's policy ving:

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
South Hayward Parish, 27287 Patrick Ave. Hayward, CA 94544		2	To reward a non profit organization for its contributions to the public.
Prov	vides variety of services to people in d.		

# 4. Verification

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

	Nancy Sa	Supervisor's Assistant	8/24/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

**A Public Document** 

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 602 For Official Use Only	
	Division, Department, or Regi	on (If Applicable		i or oniola ose only			
	Board of Supervisors						
	Designated Agency Contact (	Name,Title)					
	Nancy Sa				Amendment (Must pro	vide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation				38	
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value o	Face Value of Each Ticket/Pass \$		
	Event Description Oakland A	's vs. BAL Or	rioles	Date(s)08	<u> </u>	//	
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklar		Name of Sour				
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: <u>Valle</u> ,	, Richard- Supervisor D Official's Name (La	histrict 2	
	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.

Α.	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 Other Income
			Ceremonial Role Dother Income Income Income It 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
	Tidings Church of God in Christ, 9 Tyrrell Ave. Hayward, CA 94544	2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	ides a food pantry to low income ies and seniors		

### 4. Verification

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

-	Nancy Sa	Supervisor's Assistant	8/24/he
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

C	eremonial Role Events and T	icket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form
	Division, Department, or Region (If Applica	able)		1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Nancy Sa				provide explanation in Part 3.)
	Area Code/Phone Number E-mail		· · · ·		provide explanation in Part 5.)
	(510) 272-6692 nancy.sa(	@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				40
	Does the agency have a ticket policy?	Yes 🔀 🛛 No [	G Face Value of	of Each Ticket/Pass \$	40
	Event Description Oakland A's vs. Chica Provide Title/		Date(s)6	3 , 06 , 16	//
				nd Athletics	
				Name of S	
	Was ticket distribution made at the behest No $\square$ Yes $\boxtimes$ If yes: Valle,			, Richard- Supervisor	r District 2
_	of agency official?			Omoral 3 Name	
3.	Recipients     Use Section A to identify the agency's department	t or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy
				· · · · · · · · · · · · · · · · · · ·	
	B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
			Ceremonial Role If checking "Ceremo	D Other X nial Role" or "Other" describe below	Income 🗖
			Ceremonial Role If checking "Ceremo	Other Dinal 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 pursua	ant to the agency's policy
	Glad Tidings Church of God in Christ, 27689 Tyrrell Ave. Hayward, CA 9454			lance at an event hel potential County rev	d at a County facility in enue from sales.
	Provides a food pantry to low income families and seniors				

### 4. Verification

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

Nancy Sa	Supervisor's Assistant	8124114
 Print Name	Title	(Month, Day, Year)

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

**A Public Document** 

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			Amendment (Must pro	vide explanation in Part 3.)	
	Area Code/Phone Number	E-mail				
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				20
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$	30
	Event Description Oakland A	's vs. BAL O	rioles	Date(s) 08	, 08 , 16	
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Oaklar	Name of Soul	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	lf yes: <u>Valle,</u>	, Richard- Supervisor D Official's Name (La	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.

Α.	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 (Lest First)	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 Dother Difference Ceremonial Role of "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
	d Tidings Church of God in Christ, 89 Tyrrell Ave. Hayward, CA 94544	2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	vides a food pantry to low income illies and seniors		

### 4. Verification

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

	Nancy Sa	Supervisor's Assistant	8/24/16
Signature of Agency Head of Designee	Print Name	Title	(Month, Day, Year)

- - - - ---

erem	onial Role Even	s and he	Neurass	Distributions		A Public Document
. Ager	ncy Name				Date Stamp	California 802
Alame	eda County					
Divisio	on, Department, or Regi	on (If Applicable	)			For Official Use Only
Board	d of Supervisors					
	nated Agency Contact (	Name, Title)				
Nanc	v Sa					
	Code/Phone Number	E-mail	· · · · ·			rovide explanation in Part 3.)
(510)	272-6692	nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
. Fund	tion or Event Infor	nation			·	
	the agency have a ticke		Yes 🗵 No [	Face Value o	f Each Ticket/Pass \$ _	38
Event	DescriptionOakland A	's vs. Chicago Provide Title/Expla	o Cubs	Date(s)	, 07 , 16	//
Ticket	(s)/Pass(es) provided b	v agency?	Yes 🗌 No [	If no: Oaklar	nd Athletics Name of Sc	
noner		, agonoj i			Name of Sc	
	icket distribution made a gency official?	t the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	Listrict 2 Last, First)
Α.	Section A to identify the agenc Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	
В.	Name of Individua (Lasi, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
				Ceremonial Role If checking "Ceremor	Other X	Income
				Ceremonial Role If checking "Ceremor	Other Dinial Role" or "Other" describe below:	
C.	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	it to the agency's policy
	1 Tidings Church of Go 39 Tyrrell Ave. Hayward		2		ance at an event held potential County reve	at a County facility in nue from sales.

### 4. Verification

Provides a food pantry to low income families and seniors

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	8/24/14
-	 Print Name	Title	(Month, Day, Year)

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Regi	on (If Applicable	3)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Nancy Sa				Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				00
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value c	of Each Ticket/Pass \$	90
	Event Description Oakland A	's vs. Chicag Provide Title/Exp	o Cubs	Date(s)8	<u>, 07 , 16</u>	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	lf no: Oaklar	Name of Sour	
	Was ticket distribution made a of agency official?	at the behest	No 🗋 Yes 🛛	If yes: <u>Valle</u> ,	, Richard- Supervisor D Official's Name (La	istrict 2 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.

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:		
Valle, Richard	3	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 sales		
Thompson, Gary	3	Ceremonial Role D Other I Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		

### 4. Verification

I have read and understand FPPC Regulations 18	944.1 and 18942. I have verified that the distribution	on set forth above, is in accordance with the re	quirements.
/	Nancy Sa	Supervisor's Assistant	8/24/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_\_\_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:
Chavez, Arnold	4	Ceremonial Role Other Other Income Income If <i>checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for his service to the public.
Potts, Kelvin	4	Ceremonial Role Department of the Conternation
Shaw, Michael	4	Ceremonial Role Cother Conternation Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
		Ceremonial Role Conter 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
·		

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name	Agency Name				
Alameda County				Form OOZ For Official Use Only	
Division, Department, or Region (If Applicable	?)		1	For Onicial Ose 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 Information					
Does the agency have a ticket policy?	Yes 🛛 No 🛛	Face Value of Face Value of Face Value	of Each Ticket/Pass <b>\$</b>	32	
Event Description Oakland A's vs. BAL Or Provide Title/Expl	ioles	Date(s)8	3 09 16	//	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [	⊠ If no: <u>Oakla</u>	nd Athletics Name of So.	urce	
Was ticket distribution made at the behest	No 🗌 Yes [	Valle	, Richard- Supervisor I	District 2	
of agency official?			, Richard- Supervisor I Official's Name (I	Last, First)	
	Pass(es)				
	Number of				
B. Name of Individual (Last First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
		Ceremonial Role If checking "Ceremo	Other X nial Role" or "Other" describe below:		
		Ceremonial Role If checking "Ceremo	Other nial 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	
Glad Tidings Church of God in Christ, 27689 Tyrrell Ave. Hayward, CA 94544	2	To reward a non p	rofit for its contribution	s to the community.	
Provides a food pantry to low income families and seniors					
4. Verification		· · · · · · · · · · · · · · · · · · ·			

> Nancy Sa Print Name

Supervisor's Assistant

Title

8/24 16 (Month, Day, Year)

**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			víde explanation in Part 3.)
	(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	t policy? Yes 🛛 No 🗖	Face Value o	f Each Ticket/Pass \$	40
	Event Description Oakland A	's vs. Chicago Cubs Provide Title/Explanation	Date(s)8	, 05 , 16	//
	Ticket(s)/Pass(es) provided b	y agency? Yes 🗌 No 🛛	lf no: Oaklar	nd Athletics Name of Sour	ce
	Was ticket distribution made a of agency official?	at the behest No 🗌 Yes 🛛	lf yes: <u>Valle,</u>	Richard- Supervisor D Official's Name (La	
3.	Recipients	v's department or unit. ● Use Section B t	o identify an individu	III . Ise Section C to identif	y 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:
Finch, Brian	2	Ceremonial Role Other Ceremonial Role Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
	2	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

### 4. Verification

I have read and understand EPEC 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	8/241Us
_	Signature of Agency Head of Designee	-	Print Name	Title	(Month, Day, Year)

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 275 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$\_ Yes 🛛 No 🗌 Event Description Oakland Raiders vs. Tennessee Titans Date(s) \_\_\_\_\_ 27 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 (Last First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Long, Maria	4	Ceremonial Role D Other I Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.
	4	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
5		

### 4. Verification

1		ıs 1 <b>8944</b> .	is 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.				
•			Nancy Sa	Supervisor's Assistant	8/24/14		
•	Signature of Agency Head or Designee		Print Name	Title	(Month, Day, Year)		

Comment: \_\_\_\_\_\_ Includes 1 parking pass at the value of \$35 each.

A Public Document

A Public Document

Veremoniai				Distributions		A Public Document	
1. Agency Na	me		Date Stamp	California 802			
Alameda Co						1 entre	
Division, Dep	artment, or Regi	on (If Applicable	)	· · · · · · · · · · · · · · · · · · ·		For Official Use Only	
Board of Sup	pervisors						
	gency Contact (	Name, Title)			-		
Sarah Oddie	•					<u></u>	
	none Number	E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must pr	ovide explanation in Part 3.)	
(510) 272-66		sarah.oddie(	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2. Function o	r Event Inform	nation				¢074	
Does the age	ncy have a ticke	t policy?	Yes 🛛 No [	Face Value	of Each Ticket/Pass \$	\$274	
Event Descrip	Adele			Date(s) 08	3,02,16	//	
Event Descrip		Provide Title/Expl	anation				
Ticket(s)/Pas	s(es) provided by	y agency?	Yes 🗌 No [	⊠ If no: <u>Golde</u>	n State Warriors		
					Name of Sol	lrce	
Was ticket dis of agency of	stribution made a	it the behest	No 🗌 Yes	If yes: Char	Official's Name (I	.ast. First)	
	u <u>1</u>						
3. Recipients			unit - Llon Con	tion D to identify an individ	ual a Use Section C to ident	ify an outside organization	
	Use Section A to identify the agency's department or unit.     Use Section     Number of						
A. Name o	of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	the public purpose made pursuant to the agency's policy		
В.	Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			F 455(65)	Ceremonial Role	Other	Income	
Lam, Mariar	nne		4		nial Role" or "Other" describe below:		
					lance at a(n) event h potential County rever	eld at a County facility in nue	
					Other	Income	
			4		anial Role" or "Other" describe below:		
	ne of Outside Organ Ide address and de		Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	to the agency's policy	
			Pass(es)				
4. Verificatio	n	18944.1 an	d 18942. i have ve Sarah Ou		forth above, is in accordance w		

**A Public Document** 

Agency Name				Date Stamp	California 802
Alameda County					Form OUZ For Official Use Only
Division, Department, or Regio	on (If Applicable	)			
Board of Supervisors					
Designated Agency Contact (A	Vame, Title)				
Sarah Oddie					provide explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Inform	nation				фор
Does the agency have a ticket	policy?	Yes 🛛 No [	Face Value of Face Value of Face Value	of Each Ticket/Pass \$	\$32
Event Description Baseball ga	ame		Data(s) 08	3 , 05 , 16	//
Event Description	Provide Title/Expl	lanation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	If no: Oakla	nd A's	
,				Name of s	Source
Was ticket distribution made a	t the behest	No 🗌 Yes [	If yes: Char	Official's Name	e (Last First)
of agency official?					
A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy
B. Name of Individua (Leat, First;	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	owing:
		1 400(00)	Ceremonial Role	Other D	Income
Bass, Hilary		. 2	If checking "Ceremo To promote attend	onial Role" or "Other" describe belo	t held at a County facility
		2		Other Donial Role" or "Other" describe belo	Income
C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursu	ant to the agency's policy

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	08.30.2016
orginature of Ageney Frend of Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_

#### Agency Report of: .... Distrik . . . С

ceremonial Role Events and Tick	ket/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
Alameda County				Form 002 For Official Use Only
Division, Department, or Region (If Applicable)	)			
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Sarah Oddie				unite automation in Dart 21
Area Code/Phone Number E-mail	<u></u>			rovide explanation in Part 3.)
(510) 272-6693 sarah.oddie@	@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information	6 6			465.00
Does the agency have a ticket policy?	Yes 🗵 No [	Face Value of	of Each Ticket/Pass \$ _	165.00
Event Description Andre Ward v. Alexande		Date(s)	3 _ 06 _ 16	//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [	If no: Golde	n State Warriors Name of So	urce
Was ticket distribution made at the behest of agency official?	No 🗌 Yes [	If yes: Char	n, Wilma Official's Name (i	Last, First)
Recipients     Use Section A to identify the agency'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 pu	blic purpose made pursuan	t to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ńng:
(Last, Fast)	Pass(es)			
Butler, Louie	2	To promote attend	nial Role" or "Other" describe below:	Income L neld at a County facility in nue
	2	Ceremonial Role		Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy

### 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.

	Sarah Oddie	Supervisor's Assistant	08.04.2016
Signature of Agency Head of Designee	Print Name	Title	(Month, Day, Year)

С	eremonial Role Event	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name	6			Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Regi	on (If Applicable	2		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)	<u>-</u>		-	
	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)
2.	Function or Event Inform	mation		<u></u>		165.00
	Does the agency have a ticke		Yes 🛛 No		of Each Ticket/Pass \$ .	
	Event Description Andre Wa	rd v. Alexande	er Brand	Date(s)	8 <u>, 06 , 16</u>	//
		Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Golde	en State Warriors Name of S	Cource
				- Char	n Wilma	
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Char	Official's Name	(Last, First)
3.	• Use Section A to identify the agenc	v's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme		Number of		blic purpose made pursua	
	A. Name of Agency, Departme	ant of offic	Ticket(s)/ Pass(es)	Deserio di pa		
			Number of			
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follo	wing:
			Pass(es)	Ceremonial Role	Other	Income
	Henneberry, Mike				onial Role" or "Other" describe below	
			2			held at a County facility in
				order to maximize	potential County reve	enue
				Ceremonial Role	• D Other D onial Role" or "Other" describe belov	Income
			2	I checking Cerem	Unial Role of Other describe below	v.
	Name of Outside Orga	nization	Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	Int to the agency's policy
	2021		1			

### 4. Verification

11.

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

 Sarah Oddie
 Supervisor's Assistant
 08.03.2016

 Print Name
 Title
 (Month, Day, Year)

Comment: \_
A Public Document

	to una mo				A Fublic Document
1. Agency Name	<u>ه ۲۵ و و</u>		P	Date Stamp	California 802
Alameda County			Form OVZ		
Division, Department, or Reg	ion (If Applicable				
Board of Supervisors				· · ·	
Designated Agency Contact	Name, Title)				
Sarah Oddie					
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Infor	S 11 22	r 2			
	Does the agency have a ticket policy? Yes ⊠ No □			of Each Ticket/Pass \$ _	\$32
	Event Description Baseball game			. 06 , 16	/
Event Description	Event Description Date(s)				//
Ticket(s)/Pass(es) provided h	w agency?	nd A's Name of So			
Ticker(s)/r ass(cs) provided b					urce
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Char				(and (im))
of agency official?		67.54 Jac		Official's Name (	
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)			
B. Name of Individu	Jal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role		Income
Krutilek, Virginia		2		nial Role" or "Other" describe below:	
			order to maximize	potential County reve	neld at a County facility in nue
		2	Ceremonial Role	Dther nial Role" or "Other" describe below:	Income
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy
5 <sup>6</sup>					
4. Verification				Hadh above is in accordance.	with the requirements

 Signature of Agency Head or Designee
 Sarah Oddie
 Supervisor's Assistant
 08.30.2016

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

Comment: \_

4

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Ceremonial Role Even	is and her	levrass	DISTINUTIONS		A Public Document
1. Agency Name			6	Date Stamp	California 802
Alameda County					24(1)heb/246-84
Division, Department, or Reg	ion (If Applicable)			1	For Official Use Only
Board of Supervisors					
<b>Designated Agency Contact</b>	(Name, Title)				
Sarah Oddie				Amendment (Must pr	
Area Code/Phone Number	E-mail		·····	_	
(510) 272-6693	sarah.oddie@	Dacgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Infor	mation		<u></u>		¢00
Does the agency have a ticke	Does the agency have a ticket policy? Yes X No Face Val				\$32
Event Description Baseball	Event Description Baseball game				1
	Provide Title/Expla	3 , 07 , 16			
Ticket(s)/Pass(es) provided b	y agency?	nd A's Name of Sou			
			urce		
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Char	Official's Name (I	_ast, First)
			- 14 · · · · · · · · · · · · · · · · · ·	5-	
3. Recipients • Use Section A to identify the agent	cy's department or ι	ual. • Use Section C to ident	tify an outside organization.		
A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	
B. Name of Individu (Last, First)	ıal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role		Income
Miller, Jeff		2		nial Role" or "Other" describe below:	
		-		lance at a(n) event h potential County rever	eld at a County facility in
			Ceremonial Role		Income
		2		nial Role" or "Other" describe below:	
		-			
C. Name of Outside Orga		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's poli		t to the agency's policy
(include address and de		Pass(es)			
4. Verification		1			G.

#### 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	08.03.2016
/	Signature of Agency Head of Designee	_	Print Name	Title	(Month, Day, Year)

Comment:

1.	Agency Name				Date Stamp	California 002
	Alameda County					Form OUZ
	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 pr	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation			8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	<u> </u>
	Does the agency have a ticke	Yes 🗵 No 🛛	Face Value	of Each Ticket/Pass \$	\$27	
	Event Description Baseball game Date(s)			8 , 08 , 16	//	
	Event Description	Provide Title/Exp				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakla				and A's Name of Sou	1/00
						1100
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	🗙 If yes: <u>Cha</u>	Official's Name (L	ast, First)
2	Recipients		Le	e 5		
э.	Use Section A to identify the agence	cy's department o	runit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	ublic 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		Income
	Ramírez, Frank	Ramirez, Frank			nonial Role" or "Other" describe below:	eld at a County facility in
					e potential County rever	
					e Other and Othe	Income
			2			
		ame of Outside Organization Iude address and description)		Describe the p	ublic purpose made pursuant	t to the agency's policy
			-			
4.	Verification	8				
	1	18944.1 a			et forth above, is in accordance w	
			Sarah O		Supervisor's Assistan	
	Signature of Agency Head or Designe	ee	Print Nar	ne	Title	(Month, Day, Year)

. . .

0	eremonial Role Even	ts and nor	Neur ass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Reg	ion (If Applicable)	)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			7	
	Sarah Oddie				Amendment (Must p.	revide evolutionation in Part 3.1
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sarah.oddie@	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	et policy?	Yes 🗵 No 🛛	Face Value	of Each Ticket/Pass \$ _	\$27
	Event Description Baseball	game		Date(s)	8 , 09 , 16	
		Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided b	by agency?	Yes 🗌 No 🛛	If no: Oakla	and A's	
					Name of So	urce
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Cha	Official's Name (	ast First)
-						
3.	• Use Section A to identify the agent	cy's department or u	dual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	to the agency's policy
	B. Name of Individu	lal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	Income
	Wilson, Danielle		2	-	onial Role" or "Other" describe below:	
					e potential County rever	eld at a County facility in nue
			2		Other or "Other" describe below:	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	t to the agency's policy
	Verification				· · · · · · · · · · · · · · · · · · ·	

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

	Sarah Oddie	Supervisor's Assistant	08.03.2016
Ū	Print Name	Title	(Month, Day, Year)
Comment:			

**A Public Document** 

1. Agency Name			Date Stamp	California 802	
Alameda County	Alameda County				
Division, Department, or Region (If A	pplicable)		1	For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, T	ītle)		•		
Sarah Oddie					
Area Code/Phone Number E-mai	I		Amenament (Must p	provide explanation in Part 3.)	
(510) 272-6693 sarah	n.oddie@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information					
Does the agency have a ticket policy	/? Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$80/\$20 parking	
Event Description Baseball game		Date(s) 08	3,10,16		
Event Description	e Title/Explanation				
Ticket(s)/Pass(es) provided by agen	cy? Yes⊡ No	If no: Oakla	nd A's Name of Sc		
				ource	
Was ticket distribution made at the b of agency official?	oehest No 🗌 Yes	If yes: Char	Official's Name (	(Last, First)	
Use Section A to identify the agency's depa     A. Name of Agency, Department or U	Number of		blic purpose made pursuan		
	Number of				
B. Name of Individual (Last. First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	1 000(00)	Ceremonial Role	Other	Income	
Riordan, Rick	4+1park	If checking "Ceremo	onial Role" or "Other" describe below:		
	4+ ipaik	To promote attend	lance at a(n) event l potential County reve	held at a County facility i	
				Income	
	4+1park		District Caller District Caller Distribution Caller Distributica Caller Distributica Caller Distributica C		
C. Name of Outside Organization (include address and description)	n) Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuar	nt to the agency's policy	

#### 4. Verification

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

	Sarah Oddie	Supervisor's Assistant	08.30.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			EBBO Form 202 /4/42
			FPPC Form 802 (4/12

#### Agency Report of: onte and Tickot/Pass Distributions С

Julia D

Event Description       Baseball game       Date(s)         Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes       No         Was ticket distribution made at the behest       No       Yes       If yes:         Of agency official?       Baseball game       If yes:       Chaseball game	Official's Name (Last, First)
Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number (510) 272-6693         E-mail (510) 272-6693         Ermail (510) 272-6693         Sarah.oddie@acgov.org         Provide Title/Explanation         Does the agency have a ticket policy?         Yes ⊠ No □         Face Value         Event Description         Baseball game         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes ⊠ No □       If no: Oakl         Was ticket distribution made at the behest of agency official?       If yes: Char	For Official Use Only For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing:(Month, Day, Year) e of Each Ticket/Pass \$
Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number (510) 272-6693         E-mail (510) 272-6693         Ermail (510) 272-6693         Sarah.oddie@acgov.org         Provide Title/Explanation         Does the agency have a ticket policy?         Yes ⊠ No □         Face Value         Event Description         Baseball game         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes ⊠ No □       If no: Oakl         Was ticket distribution made at the behest of agency official?       If yes: Char	Amendment (Must provide explanation in Part 3.) Date of Original Filing:(Month, Day, Year) e of Each Ticket/Pass \$
Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number       E-mail         (510) 272-6693       sarah.oddie@acgov.org         Image: Second Structure       Sarah.oddie@acgov.org         Image: Second Structure       Sarah.oddie@acgov.org         Image: Second Structure       Face Value         Image: Second Structure       Sarah.oddie@acgov.org         Image: Second Structure       Face Value         Image: Second Structure       Sarah.oddie@acgov.org         Image: Second Structure       Sar	Date of Original Filing:
Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number       E-mail         (510) 272-6693       sarah.oddie@acgov.org         Image: Second Structure       Sarah.oddie@acgov.org         Image: Second Structure       Sarah.oddie@acgov.org         Image: Second Structure       Face Value         Image: Second Structure       Sarah.oddie@acgov.org         Image: Second Structure       Face Value         Image: Second Structure       Sarah.oddie@acgov.org         Image: Second Structure       Sar	Date of Original Filing:
Sarah Oddie         Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org         E-mail       sarah.oddie@acgov.org         Does the agency have a ticket policy?       Yes No       Face Value         Event Description       Baseball game       Date(s)       O         Provide Title/Explanation       Date(s)       O       O         Ticket(s)/Pass(es) provided by agency?       Yes       No       If yes:       Chail         Was ticket distribution made at the behest of agency official?       If yes       Chail       Chail         Becipients       Becipients       Date(s)       D	Date of Original Filing:
Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org         Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □       Face Value Event Description         Baseball game Event Description       Baseball game Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency? Yes □       No ⊠       If no: Oakl Uses icket distribution made at the behest of agency official?         Baseball game       If yes: Chase	Date of Original Filing:
(510) 272-6693       sarah.oddie@acgov.org         Image: Function or Event Information       Does the agency have a ticket policy? Yes Image: No Image: Provide Title/Explanation       Face Value         Event Description       Baseball game       Date(s)         Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency? Yes Image: No Image:	e of Each Ticket/Pass \$\$80 08
Image: Second structure       Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No □       Face Value         Event Description       Baseball game       Date(s)         Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes □       No ⊠       If no: Oakl         Was ticket distribution made at the behest of agency official?       No □       Yes ⊠       If yes: Char	e of Each Ticket/Pass \$\$80 08
Does the agency have a ticket policy?       Yes X       No I       Face Value         Event Description       Baseball game       Date(s)         Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes I       No X       If no: Oakl         Was ticket distribution made at the behest of agency official?       No I       Yes X       If yes: Char	and A's Name of Source Official's Name (Last, First)
Event Description       Baseball game       Date(s)         Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes       No         Was ticket distribution made at the behest       No       Yes       If yes:         Of agency official?       Becipients       If yes:       Change	and A's Name of Source an, Wilma Official's Name (Last, First)
Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?       Yes □ No ☑       If no: Oakl         Was ticket distribution made at the behest of agency official?       No □ Yes ☑       If yes: Char         B. Recipients       Recipients	and A's Name of Source an, Wilma Official's Name (Last, First)
Was ticket distribution made at the behest No 🗍 Yes 🛛 If yes: Cha of agency official?	Official's Name (Last, First)
Was ticket distribution made at the behest No 🗍 Yes 🛛 If yes: Cha of agency official?	Official's Name (Last, First)
of agency official?	Official's Name (Last, First)
3. Recipients	
B. Recipients	vidual. • Use Section C to identify an outside organization.
Use Section A to identify the agency's department or unit.     Use Section B to identify an indiv     Number of	oublic purpose made pursuant to the agency's policy
A. Name of Agency, Department or Unit Ticket(s)/ Describe the p Pass(es)	ublic purpose made pursuant to the ugency s poncy
*	
B. Name of Individual (Lasi. First) Pass(es)	Identify one of the following:
Ceremonial Ro	
	monial Role" or "Other" describe below: ndance at a(n) event held at a County facility i
	e potential County revenue
Ceremonial Ro	
	monial Role" or "Other" describe below:
C. Name of Outside Organization Number of (include address and description) Pass(es) Describe the pass(es)	public purpose made pursuant to the agency's policy

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.

	Sarah Oddie	Supervisor's Assistant	08.30.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

	remonial Role Events	and no		Journatione		A Fublic Document
1.	Agency Name	B 67 1			Date Stamp	California 802
	Alameda County			Form OOZ For Official Use Only		
	Division, Department, or Regio	n (If Applicable		For Onicial Use Only		
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)	······			
	Sarah Oddie					
		E-mail		······································	Amendment (Must	provide explanation in Part 3.)
			@acgov.org	, <u></u>	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	ation	10			\$80
	Does the agency have a ticket	Yes 🛛 No 🗌		of Each Ticket/Pass \$		
	Event Description Baseball ga		Date(s)08	3 <u>, 10 , 16</u>	/	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 🛛 No 🕻	If no: Oakla	nd A's Name of S	Source
						Source
	Was ticket distribution made at	the behest	No 🗌 Yes 🕻	If yes: Char	Official's Name	e (Last, First)
	of agency official?					
3.	Recipients			er of a state of the second state	well a Use Section C to id	entify an outside organization.
	• Use Section A to identify the agency'	s department or	Number of			
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy
			Number of			
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follo	
				Ceremonial Role		income
	Arndt, Gary		2	To promote attend	onial Role" or "Other" describe belo dance at a(n) eveni e potential County rev	t held at a County facility i
			2		Other Other onial Role" or "Other" describe belo	Income [
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursu	ant to the agency's policy
					т.	
4	. Verification	lations 18944.1 a	nd 18942. I have v	erified that the distribution se	et forth above, is in accordance	

			Sarah Oddie	Supervisor's Assistant	08.08.2010
/	Signature of Agency Head or Designee	-	Print Name	Title	(Month, Day, Year)

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

A Public Document Ģ 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) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: sarah.oddie@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$27 ticket/\$20 parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game 16 10 08 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Chan, Wilma 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 Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Last Fust) Pass(es) Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Reed, Jennifer 2/1 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2/1Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

Ih

		Sarah Oddie	Supervisor's Assistant	08.05.2016
~	Signature of Agency meas or beargnes	Print Name		(Month, Day, Year)

Comment: \_

#### Agency Report of: d Ticket/Pace Distributions С

LUL D ----

eremonial Role Events and				
Agency Name			Date Stamp	California 802
Alameda County		Form OUZ For Official Use Only		
Division, Department, or Region (If Ap,	Division, Department, or Region (If Applicable)			
Board of Supervisors				
Designated Agency Contact (Name, Tit)	e)		1	
Sarah Oddie			Amendment (Musi	t provide explanation in Part 3.)
Area Code/Phone Number E-mail				
(510) 272-6693 sarah.	oddie@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Information				\$80 ticket/\$20 parking
Does the agency have a ticket policy?	Yes 🛛 No [	_ Face Value	of Each Ticket/Pass \$	500 licker 520 parking
Event Description Baseball game		Date(s)	3 <u>10 16</u>	
Provide	Title/Explanation			
Ticket(s)/Pass(es) provided by agenc	y? Yes 🗌 No [	If no: Oakla	nd A's	Source
				Scure
Was ticket distribution made at the be of agency official?	hest No 🗌 Yes [	If yes: Char	Official's Nam	e (Last, First)
Recipients	un ant an unit a line See	tion B to identify an individ	ual • Use Section C to id	entify an outside organization.
and the second				
Use Section A to identify the agency's depart     A. Name of Agency, Department or Uni	Number of			ant to the agency's policy
	t Number of Ticket(s)/			
	t Number of Ticket(s)/			ant to the agency's policy
A. Name of Agency, Department or Uni B. Name of Individual (Last, Fr30)	t Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Describe the pu	blic purpose made pursus Identify one of the foll Other	ant to the agency's policy owing:
A. Name of Agency, Department or Uni	t Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua         Identify one of the foll         Other         Other         Onlial Role" or "Other" describe below	owing:
A. Name of Agency, Department or Uni B. Name of Individual (Last, Fr30)	t Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Describe the pu Ceremonial Role If checking "Ceremonial To promote attend	blic purpose made pursua         Identify one of the foll         Other         Other         Onlial Role" or "Other" describe below	owing:
A. Name of Agency, Department or Uni B. Name of Individual (Last, Fr30)	t Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pu Ceremonial Role If checking "Ceremonial Role order to maximize Ceremonial Role	Identify one of the foll Other Other Other Other Bonial Role" or "Other" describe belo dance at a(n) even	owing: Income t held at a County facility in /enue
A. Name of Agency, Department or Uni B. Name of Individual (Last, Fr30)	t Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 8/2 8/2 8/2	Describe the pu Ceremonial Role If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Cerem	blic purpose made pursua         Identify one of the foll         Identify one of the foll         Identify one of the foll         Identify or "Other" describe below         Idence at a(n) even         Idential County rev         Idential County rev         Idential Role" or "Other" describe below	owing: Income t held at a County facility in /enue
A. Name of Agency, Department or Uni         B. Name of Individual         (Last, Frod)         Tibbits, Lisa         C. Name of Outside Organization	t Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 8/2 8/2 8/2	Describe the pu Ceremonial Role If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Cerem	blic purpose made pursua         Identify one of the foll         Identify one of the foll         Identify one of the foll         Identify or "Other" describe below         Idence at a(n) even         Idential County rev         Idential County rev         Idential Role" or "Other" describe below	owing: 

08.03.2016 Supervisor's Assistant Sarah Oddie (Month, Day, Year) Title Print Name

Comment: \_\_

A Public Document

1. Agency Name		Date Stamp	California 802		
Alameda County					Form OUZ For Official Use Only
Division, Department, or Region (	(If Applicable)				For Onicial Use Only
Board of Supervisors					
Designated Agency Contact (Nam	ne, Títle)			1	
Sarah Oddie					nuide aurienction in Part 2.)
Area Code/Phone Number E-m	nail	<u>,                                     </u>		Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6693 sa	rah.oddie@ac	gov.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Informat	tion		¢204		
Does the agency have a ticket po	licy? Yes	Face Value of	of Each Ticket/Pass \$	\$204	
Event Description Banda MS		Date(s) 08	3, 12, 16	//	
Event Description	ovide Title/Explanatio				
Ticket(s)/Pass(es) provided by ag	jency? Yes	n State Warriors Name of So			
				urce	
Was ticket distribution made at th of agency official?	e behest No	D 🗌 Yes 🛛	If yes: Char	Official's Name (I	Last, First)
Use Section A to identify the agency's d     A. Name of Agency, Department of	or Unit	• Use Sect lumber of Ticket(s)/ Pass(es)		ual. • Use Section C to iden	
B. Name of Individual		Number of		identify one of the follow	dag
D. (Last, First)		Ticket(s)/ Pass(es)			mig.
			Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income
			Ceremonial Role	Other D onial Role" or "Other" describe below:	Income
C. Name of Outside Organiza (include address and description)	tion	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
La Clinica de la Raza   1450 F Ave   Oakland, CA   94601	ruitvale	4	To reward a schoo to the community	ol or nonprofit organiza	ation for its contributions
Delivers health care services t population in Alameda County			To promote attend order to maximize	dance at an event held potential County reve	at a County facility in nue from sales.

#### 4. Verification

I have read agd 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	08.03.2016
Signature of Agency - Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

4

**A Public Document** 

						A Fublic 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)			-	
	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)
2.	Function or Event Infor	mation				
	Does the agency have a ticke		Yes 🗵 No 🛛	Face Value	of Each Ticket/Pass \$ _	\$32
	Event Description Baseball				8 , 12 , 16	//
	Event Description	Provide Title/Exp	lanation	Date(s)	/	//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No [	M If no: Oakla	Ind A's Name of Si	
			Name of S	ource		
	Was ticket distribution made	at the behest	No 🗌 Yes [	If yes: Char	n, Wilma Official's Name	(last First)
53	of agency official?	<i>c</i> • • •				
3.	Recipients			lê	luch a line Continu C to ide	tife an autoida argonization
	Use Section A to identify the agend	cy's department o				
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy
			1 435(00)			
		·····	N			
	B. Name of Individu	ial	Number of Ticket(s)/		Identify one of the follow	wing:
			Pass(es)	Ceremonial Role	Other	Income
	Carlen, Linda				onial Role" or "Other" describe below	
			2			held at a County facility ir
					potential County reve	
					Other	Income
			2	if checking "Ceremo	onial Role" or "Other" describe below	Υ.
		÷	Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	nt to the agency's policy
A	Verification	1				
4.	Verification	144.1 a	nd 18942. I have ve	erified that the distribution se	t forth above, is in accordance	with the requirements.
			Sarah O	ddie	Supervisor's Assista	nt 08.03.2016

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

Date Stamp California 1. Agency Name 0 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . sarah.oddie@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$156.50 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Dream Team 16 13 08 , Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 🛛 No 🖾 Name of Source lf yes: <u>Chan,</u> Wilma 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 Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ Last Fast Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Banerjee, Kinkini 4 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) 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.

	Sarah Oddie	Supervisor's Assistant	08.04.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

1.	Agency Name	6		Date Stamp	California 802
	Alameda County		Form OOL		
	Division, Department, or Region (If Applica	able)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Sarah Oddie				provide explanation in Part 3.)
	Area Code/Phone Number E-mail				
	(510) 272-6693 sarah.odd	lie@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				\$90
	Does the agency have a ticket policy?	Yes 🛛 No 🗌	-	of Each Ticket/Pass \$ _	2
	Event Description Baseball game Provide Title/		Date(s)08	3 <u>, 13 , 16</u>	/
	Provide Title/	Explanation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 🛛 No 🛛	If no: Oaklai	nd A'S Name of S	ource
	Was ticket distribution made at the behes	N	If yes: Chan	. Wilma	
	of agency official?	st No 🗌 Yes 🛛	If yes:	Official's Name	(Last, First)
3.	Recipients		H.o. I		
	Use Section A to identify the agency's department		ion 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 pul	olic purpose made pursua	nt to the agency's policy
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
			Ceremonial Role	Other D	Income
	Deardeuff, Jimmy	2			held at a County facility in
			order to maximize	potential County reve	enue
			Ceremonial Role	Other	Income
		2	If checking "Ceremo	onial Role" or "Other" describe below	W:
		2			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	ant to the agency's policy
				<u></u>	
4	Verification		vitiand that the distribution	t forth above is in accordance	with the requirements
4	Verification	.1 and 18942. I have ve Sarah Ou		t forth above, is in accordance Supervisor's Assista	

Ceremonial Role Events and 1	licket/Pass [	Distributions		A Public Document	
I. Agency Name			Date Stamp	California 802	
Alameda County	Alameda County				
Division, Department, or Region (If Applic	able)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)	uu				
Sarah Oddie					
Area Code/Phone Number E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must	provide explanation in Part 3.)	
	die@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/\$20 parking	
Event Description Baseball game Provide Title	/Explanation	Date(s)			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛙	d If no: Oakla	nd A's		
			Name of S	Source	
Was ticket distribution made at the behe	st No 🗌 Yes 🕻	If yes: Char	n, Wilma Official's Name	(Lact First)	
of agency official?			Omicial's Wante	(Last, First)	
3. Recipients				wife an autoide organization	
Use Section A to identify the agency's departme	Number of				
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follo	wing:	
	Pass(es)	Ceremonial Role If checking "Ceremo	Other D	Income [	
		Ceremonial Role If checking "Ceremo	Other Dother Other Other	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	ant to the agency's policy	
Food Shift - 2201 Broadway, Suite 5 Oakland, CA 94612	08 3+1park		dance at a(n) event potential County rev	held at a County facility in	
Developing solutions to reduce food waste and build resilient communitie	S				
4. Verification					
Tha 94	4.1 and 18942. I have ve	erified that the distribution se	t forth above, is in accordance	with the requirements.	
	Sarah Or	ddie	Supervisor's Assista	ant 08.03.2016	

Comment: \_\_\_\_

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			9 A \$	Date Stamp	California 802
	Alameda County		2	Term		
	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)	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation	69 9 F	r 11 •• • •	1. <u>1</u> . 19. 19. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	) 6 4 6 8
	Does the agency have a ticke	et policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	\$27
	Event Description Baseball g	jame	3 <u>14 16</u>	//		
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	nd A's Name of Si	ource		
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
	of agency official?			⊠ nyes	Official's Name	(Last, First)
3.	Recipients     Use Section A to identify the agency's department or unit.     Use Section A to identify the agency's department or unit.     Numb     A. Name of Agency, Department or Unit     Pass				ual. • Use Section C to ide	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Vaughn, Chelsea		2		nial Role" or "Other" describe below	
					potential County reve	held at a County facility in nue
			2	Ceremonial Role If checking "Ceremo	Other International 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 pursua	nt to the agency's policy
4	Verification	s 18944.1 ar	d 18942. I have vi	erified that the distribution set	forth above, is in accordance v	vith the requirements.
			Sarah O		Supervisor's Assista	

A Public Document

1. Agency Name				Date Stamp	California 802	
Alameda County		Form OU				
•	ent, or Region (If Applicable		For Official Use Only			
Board of Supervis	sors					
	y Contact (Name, Title)			1		
Sarah Oddie						
Area Code/Phone	Number E-mail			Amendment (Must	provide explanation in Part 3.)	
(510) 272-6693	sarah.oddied	@acgov.org		Date of Original Filing	(Month, Day, Year)	
2. Function or Ev	ent Information					
Does the agency h	nave a ticket policy?	of Each Ticket/Pass \$ .	\$35			
	Ringl. Bros./Barnum-Ba	3 , 18 , 16	//			
Event Description	Provide Title/Expl					
Ticket(s)/Pass(es)	provided by agency?	n State Warriors				
		Name of S	Source			
	tion made at the behest	No 🗌 Yes 🛛	🗙 If yes: Chan	official's Name	(Last First)	
of agency official	: 			•	(,	
3. Recipients	ntify the agency's department or	unit a Lico Soc	tion B to identify an individu	ual Allse Section C to ide	ntify an outside organization.	
<b>A</b>		Number of				
A. Name of Age	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy		
B. Nan	ne of Individual	Number of Ticket(s)/		Identify one of the folio	wing:	
	(Last, First)	Pass(es)				
			Ceremonial Role	nial Role" or "Other" describe belov	v:	
			, choim, good of the			
			Ceremonial Role	Other	Income	
			if checking "Ceremo	nial Role" or "Other" describe below	V.	
	Outside Organization dress and description)	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy	
(1101000 00		Pass(es)				
	Rebels   PO Box 133	4			e expanded opportunities	
San Lorenzo, C	4   94000			lations in the County	•••	
	egardless of a child's					
weight, size or c	apabilities					
4. Verification			arified that the distribution set		with the security manufe	

I have read and understand FPPG 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	08.16.2016
V	oignature or Agency mean or Deargnee		Print Name	Title	(Month, Day, Year)

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

				24 III		
. Agency Name	M			Date Stamp	California 802	
Alameda County			Form <b>UUL</b>			
Division, Department, or Re	gion (If Applicab		For Official Use Only			
Board of Supervisors						
Designated Agency Contact	: (Name, Title)					
Sarah Oddie				Amendment (Must or	ovide explanation in Part 3.)	
Area Code/Phone Number	E-mail					
(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
. Function or Event Info	rmation				\$42	
Does the agency have a tick		Yes 🔀 🛛 No		of Each Ticket/Pass \$	·····	
Event Description Ringl. Br	os./Barnum-B	ailey Out o.t.	WId Date(s)	3 <u>20</u> 16	////	
Ticket(s)/Pass(es) provided		Yes 🗌 No	If no. Golde	n State Warriors		
Ticker(s)/Fass(es) provided	by agency :	Name of Sol	urce			
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Char	n, Wilma Official's Name (I		
of agency official?				Official's Name (L	.ast, First)	
8. Recipients						
Use Section A to identify the ager	_	Number of				
A. Name of Agency, Departr	nent or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant to the agency's policy		
B. Name of Individ (Losi, First)	lual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
<u></u>			Ceremonial Role		Income	
Whitlock-Pedersen, Liese		4	If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to		or hor convice to the	
			public			
<u> </u>			Ceremonial Role	Other	Income	
		4	1	eremonial Role" or "Other" describe below:		
			To promote attend held at a County fa	lance at a County spor acility in order to maxin	nsored event or event	
C. Name of Outside Org		Number of Ticket(s)/		blic purpose made pursuant		
		Pass(es)				
× 1.1	······································	-				
4. Verification	211 9 11		l	i i i i i i i i i i i i i i i i i i i		
				forth above is in accordance w	ith the requirements	
1	18944.1 a	and 18942. I have vi	erified that the distribution set	Torin above, is in accordance wi	in the requirements.	
,	18944.1 e	and 18942. I have ve Sarah O		Supervisor's Assistan		

**A Public Document** 

1.	Agency Name	8			Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Region	n (If Applicable)				For Officia! Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)			-	
	Sarah Oddie					
		-mail		· • •	Amendment (Must	provide explanation in Part 3.)
		sarah.oddie@	)acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	ation	······································			
	Does the agency have a ticket p	oolicy?	Yes 🗵 No [	Face Value of	of Each Ticket/Pass \$ .	\$42
	Event Description Ringl. Bros.				3,20,16	///
		Provide Title/Expla	ination			
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗋 No 🛙	If no: Golde	n State Warriors	
					Name of S	Source
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes [	If yes: Char	0fficial's Name	(Last. First)
_						()
3.	• Use Section A to identify the agency's	department or i	unit - Lleo Soci	tion B to identify an individ	ust allee Section C to ide	antify an outside organization
			Number of			
	A. Name of Agency, Department	t or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy
	5	<u></u>				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
				Ceremonial Role		Income
				If checking "Ceremo	nial Role" or "Other" describe below	V.
		÷		Ceremonial Role	Other	Income
					nial Role" or "Other" describe below	
	C Name of Outside Organiz	ration	Number of			
	C. Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy
	San Leandro Boys & Girls Cl Marina Blvd, San Leandro, C		4	To reward a schoo to the community	ol or nonprofit organiz	ation for its contributions
	Provides programs & opportune help kids be self-sufficient &					

Sarah OddieSupervisor's Assistant08.16.2016Print NameTitle(Month, Day, Year)

Comment: \_

**A Public Document** 

1. /	Agency Name	ŋ.			Date Stamp	California 002
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only
F	Board of Supervisors					
	Designated Agency Contact (	Name, Title)	<u> </u>			
ę	Sarah Oddie					
_	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. 1	Function or Event Inform					
C	Does the agency have a ticke	t policy?	Yes 🗵 No'	Face Value c	of Each Ticket/Pass \$ _	\$42
E	Event Description Ringl. Bros	s./Barnum-Bai	iley Out o.t. \		3 , 21 , 16	//
٦	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors	
					Name of So	urce
V	Nas ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Chan	, VVIIma Official's Name (i	l ast Eirst)
		ų.		8 t d-		
	<ul> <li>Recipients</li> <li>Use Section A to identify the agency</li> </ul>	y's department or	unit e Uso Soc	tion B to identify an individu	allse Section C to iden	tify an outside organization
			Number of		~	
4	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 (Lost First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
- 1			,,	Ceremonial Role	Other	Income
	Wong, Vivien		4	To promote attenda	nial Role" or "Other" describe below: ance at a(n) event h potential County rever	neld at a County facility in nue
-		ъ.	4	Ceremonial Role		Income
	C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	Verification	ac 19044 1 am	1 18012 / hove	arified that the distribution act.	forth above, is in acco <b>rda</b> nce w	ith the requirements
	1104	15 10 <b>5</b> 44.1 and	Sarah O		Supervisor's Assistan	

Comment: \_

A Public Document

1						
1.	Agency Name			• • • • • • • • • • • • • • • • • • •	Date Stamp	California 802
	Alameda County					Form OUL
	Division, Department, or Region (	If Applicable	.)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name	e, Title)	<u></u> .		-	
	Sarah Oddie				· · · · ·	
	Area Code/Phone Number E-m	nail	·		-	provide explanation in Part 3.)
			@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Informat	ion				¢90
	Does the agency have a ticket pol	licy?	Yes 🛛 No [	Face Value	of Each Ticket/Pass \$ .	
	Event Description Baseball game	е		Date(s)0	8 <u>, 23 , 16</u>	//
	Pro	vide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by ag	jency?	Yes 🗌 No 🛙	If no: Oakla	and A's Name of S	Source
		1 1 4		- Cha		
	Was ticket distribution made at the of agency official?	e behest	No 🗌 Yes [	If yes: <u>Cha</u>	Official's Name	(Last, First)
0		»	5 B B	· · · · · · · · · · · · · · · · · · ·		× •5
3.	• Use Section A to identify the agency's de	epartment or	unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Department of		Number of Ticket(s)/		ublic purpose made pursua	
			Pass(es)			
			1 1			
			Number of			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	B. Name of Individual		Ticket(s)/	Ceremonial Role		owing:
	B. Name of Individual (Last, First) Caldwell, Marissa		Ticket(s)/ Pass(es)	If checking "Cerem	e Other D Ionial Role" or "Other" describe below	Income
	Last First)		Ticket(s)/	If checking "Cerem To promote atten	e Other D Ionial Role" or "Other" describe below	Income held at a County facility in
	Last First)		Ticket(s)/ Pass(es)	If checking "Cerem To promote atten order to maximize Ceremonial Role	Other     Other     onial Role" or "Other" describe below dance at a(n) event potential County reve     Other	Income held at a County facility in enue
	Last First)		Ticket(s)/ Pass(es)	If checking "Cerem To promote atten order to maximize Ceremonial Role	eOther nonial Role" or "Other" describe below dance at a(n) event e potentia! County reve	Income held at a County facility in enue
	(Last, First) Caldwell, Marissa	tion	Ticket(s)/ Pass(es) 2 2 Number of	If checking "Cerem To promote atten order to maximize Ceremonial Role If checking "Ceren		Income held at a County facility in enue
	(Last, First) Caldwell, Marissa	tion ption)	Ticket(s)/ Pass(es) 2 2	If checking "Cerem To promote atten order to maximize Ceremonial Role If checking "Ceren	Other     Other     onial Role" or "Other" describe below dance at a(n) event potential County reve     Other	Income held at a County facility in enue
	(Last, First) Caldwell, Marissa	tion tion)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To promote atten order to maximize Ceremonial Role If checking "Ceren		Income held at a County facility in enue
	(Last, First) Caldwell, Marissa	tion tion)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To promote atten order to maximize Ceremonial Role If checking "Ceren		Income held at a County facility in enue

 Sarah Oddie
 Supervisor's Assistant
 08.16.2016

 Print Name
 Title
 (Month, Day, Year)

Comment: \_\_\_

	Agency Name		19.95 - O		Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		-	1	
	Sarah Oddie					provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				provide explanation in r art 5.7
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Infor	mation				\$80 ticket/\$20 park
	Does the agency have a ticke		Yes 🗵 🛛 No 🛛	Face Value	of Each Ticket/Pass \$	
	Event Description Baseball of	game		Date(s)	8 <u>, 23 , 16</u>	//
	Event Description	Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided b	by agency?	Yes 🔲 No 🛙	If no: Oakla	And A's Name of S	Source
	Att the test of sub-sub-sub-	at the heheat		If yes: Cha	n, Wilma	
	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes [	X If yes:	Official's Name	ə (Last, First)
2	Recipients				1	
J.	Use Section A to identify the agent	cy's department o	or unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to id	entify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	ant to the agency's policy
	B. Name of Individu	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follo	owing:
	Ocionar Baniamin			Ceremonial Role	e D Other D	income [
	Geisner, Benjamin		2/1	To promote atten		t held at a County facility in
			2/1	Ceremonial Role	e Dther D nonial Role" or "Other" describe belo	Income [
	C. Name of Outside Org (include address and d	anization escription)	Number of Ticket(s)/ Pass(es)	Describe the p	public purpose made pursu	ant to the agency's policy
4	. Verification				at forth above, is in accordance	e with the requirements
	l hav	18944.1	and 18942. I have v	enned that the distribution s	et forth above, is in accordanc	e waa nie regunemente.
			Sarah O		Supervisor's Assist	ant 08.16.2016

						and the second s
•	Agency Name			<u> </u>	Date Stamp	California 802
	Alameda County					Form OUZ For Official Use Only
	Division, Department, or Regi	on (If Applicabl	e)		-	For Onicial Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sarah Oddie				Amondmont (Must	provide explanation in Part 3.)
	Area Code/Phone Number	É-mail				
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	:(Month, Day, Year)
2	Function or Event Inform	nation				\$80
	Does the agency have a ticke		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ .	
	Event Description Baseball g	ame		Date(s)	08 <u>, 23 ,</u> 16	i
		Provide Title/Exp	blanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oakl	and A's Name of S	Source
	Was ticket distribution made a	t the behast		If yes:		
	of agency official?	a the benest	No 🗌 Yes	If yes:	Official's Name	(Last, First)
199000 2	Recipients		500		e e	
	• Use Section A to identify the agency	y's department o	runit. •Use Sec	ction B to identify an indiv	dual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy
	D Name of Individua		Number of			
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	B. Name of Individua (Last, First) Deng, Julie	al	Ticket(s)/ Pass(es)	Ceremonial Rol If checking "Ceren		
	(Laet, First)	al	Ticket(s)/	If checking "Ceren To promote atten	e Other D ponial Role" or "Other" describe below	Income [ w: held at a County facility in
	(Laet, First)	al	Ticket(s)/ Pass(es)	If checking *Ceren To promote atten order to maximize Ceremonial Rol	e  Other  onial Role" or "Other" describe below  dance at a(n) event  potential County reve	Income [ w held at a County facility ir enue
	(Laet, First)	nization	Ticket(s)/ Pass(es) 2	If checking *Ceren To promote atten order to maximiz Ceremoniai Rol If checking *Ceren	e  Other  nonial Role" or "Other" describe below dance at a(n) event potential County reve  Other  Other	Income [ held at a County facility in enue Income [
	(Last, Frst) Deng, Julie C. Name of Outside Organ (include address and des	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking *Ceren To promote atten order to maximiz Ceremoniai Rol If checking *Ceren	e Other onial Role" or "Other" describe below dance at a(n) event e potential County reve e Other onial Role" or "Other" describe below	Income [ held at a County facility in enue Income [
4.	(Last, First) Deng, Julie C. Name of Outside Organ	nization scription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking *Ceren To promote atten order to maximizr Ceremonial Rol If checking *Ceren Describe the p	e Other onial Role" or "Other" describe below dance at a(n) event e potential County reve e Other onial Role" or "Other" describe below	Income held at a County facility in enue Income and to the agency's policy
4.	C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceren To promote atten order to maximize Ceremonial Rol If checking "Ceren Describe the p	other	Income held at a County facility in enue Income number of the second

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$80 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes X No Event Description \_\_\_\_\_Baseball game 80 23 16 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Chan</u>, Wilma 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 Describe the public purpose made pursuant to the agency's policy Å. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: (Last First) Ceremonial Role Other Income Brekke-Meisner, Lukas If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) Verification

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

	Sarah Oddie	Supervisor's Assistant	08.16.2016
4	Print Name	Title	(Month, Day, Year)

Comment: \_\_

**A Public Document** 

1.	Agency Name	· · · · ·		· · · ·	Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	2)		-	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.)
	(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 of	of Each Ticket/Pass \$ _	\$80
	Event Description Baseball g	ame		Date(s)08	3 / 23 / 16	//
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	🗙 If no: Oakla	nd A's Name of Se	0.11/20
	Was ticket distribution made a	t the behast		If yes: Chan		ource
	of agency official?	it the benest	No 🔲 Yes [	X If yes:	Official's Name	(Last, First)
2	Recipients	· · · · · · · · · · · · · · · · · · ·	R		7 48 ¢ L	21
Ο.	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 ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
	B. Name of Individua (Last, first)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
				Ceremonial Role	_	
	Kubo, Theresa		3	, v	nial Role" or "Other" describe below	
					potential County reve	held at a County facility in nue
				Ceremonial Role	Other	Income
			3	If checking "Ceremo	nial Role" or "Other" describe below	
			5			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	(include address and des	scription)	Pass(es)			
						<u>,</u>
_		60.4 x				
4	Verification					2

I have readend understand EPPC 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
 08.03.2016

 Print Name
 Tille
 (Month, Day, Year)

Comment: \_\_

**A Public Document** 

-	A					
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Region (h	f Applicable)				For Onicial Ose Only
	Board of Supervisors					
	Designated Agency Contact (Name	, Title)				
	Anna Gee					
		- 11			Amendment (Must pro	ovide explanation in Part 3.)
					Date of Original Filing: _	
_		na.gee@ao	cgov.org			(Month, Day, Year)
2.	Function or Event Informati	_				274.00/165.00
	Does the agency have a ticket poli	•	Yes 🛛 No		f Each Ticket/Pass \$	
	Event Description Adele/Andre W	lard		Date(s) 8	<u>, 2 , 16</u>	8 , 6 , 16
	Provi	ide Title/Explai	nation			
	Ticket(s)/Pass(es) provided by age	ency?	Yes 🗌 No	If no: GSW		
					Name of Sou	rce
	Was ticket distribution made at the	behest	No 🗋 Yes	If yes: Miley	, Nate Official's Name (La	
_	of agency official?				Omciai's Name (La	ast, First)
3.	Recipients • Use Section A to identify the agency's dep	partment or u	nit. • Use Sec	tion B to identify an individu	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 pub	lic purpose made pursuant l	to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other 🔀	income
	Archuleta, Michelle		2		ial Role" or "Other" describe below:	
			_		ance at an event held a potential County reven	
	Alves, Jeffrey				ial Role" or "Other" describe below:	Income
	Alves, series		2	concession sales.		
				concession sales.		
	C. Name of Outside Organizatio (include address and descripti		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	Acts Community Development Corporation-7200 Bancroft Ave,	Oakland	2	To reward a non pr community	ofit organization for its	contributions to the
	9460 <del>5</del> PROGRAMS TO AT RISK YOU	тн				
	Marification					

#### 4. Verification

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

	Anna Gee	Operations Chief	8/5/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_\_\_ Archuleta and Alves received 8/2 tickets.



#### 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:
Hutchings, Julius	2	Ceremonial Role Other I Income I 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
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below: Concession sales.
		Ceremonial Role Other I 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
		0

						AT upilo booument
1.	Agency Name				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)				
	Anna Gee					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			<b>I</b>	•
	Does the agency have a ticke		Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _	204.00/156.50
	Event Description Banda MS	/Dream Tear	n	Date(s) 8	<u>, 12 , 16 </u>	8 , 13 , 16
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: GSW	Name of So	
	Was ticket distribution made a	at the behast		If yes: Miley		uice
	of agency official?	it the benest	No 🗌 Yes	If yes:	Official's Name (i	Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department of	runit. • Use Sec	tion B to identify an individu	ual. • Use Section C to idem	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individua (Last: First)	al	Number of Ticket(s)/		Identify one of the follow	ing:
			Pass(es)	Ceremonial Role		Income
	Rodriguez, Jocelyn		4	To promote attenda	ial Role" or "Other" describe below: ance at an event held potential County rever	
	Rodriguez, Socorro		4	Ceremonial Role If checking "Ceremon CONCESSION SALES.	Other 🔀 iial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant	to the agency's policy
<b>4</b> .	Verification	itions 18944.1 ar	nd 18942. I have ve	erified that the distribution set f	forth above, is in accordance wi	th the requirements.
			Anna G		Operations Chief	8/5/16
	-g		Print Nam	ne	Title	(Month, Day, Year)
	Comment: Socorro received	8/13 tickets	•			

Agency Name			Date Stamp	California 802
Alameda County				Form OOZ
Division, Department, or Region (If Applicat	ble)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Anna Gee			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail			<b>_</b>	
(510) 272-6694 anna.gee@	Dacgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information				25 00/42 00
Does the agency have a ticket policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	
Event Description Circus		Date(s)8	<u>, 18 , 16 </u>	<u>    8                                </u>
Provide Title/Ex	kplanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: GSW	Name of So	ource
Was ticket distribution made at the behest		If yes: Miley		
of agency official?	No 🗌 Yes	It yes:	Official's Name	(Last, First)
Recipients			<u> </u>	
Use Section A to identify the agency's department of	or unit. • Use Sec	ction B to identify an individe	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the out	olic purpose made pursuan	t to the agency's policy
	Pass(es)			
				,
R Name of Individual	Number of			
B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
(Last. First)	Ticket(s)/	Ceremonial Role	Other 🔀	Income
B. Name of Individual (Last. First) Crozier, Dejamarie	Ticket(s)/	If checking "Ceremor To promote attend	Other      Other      other      anial Role" or "Other" describe below:     ance at an event held	Income
(Last. First)	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attends order to maximize Ceremonial Role If checking "Ceremon	Other      Other      other      other      ance at an event held     potential County reve	Income [ at a County facility in nue from parking and Income [
(Last. First)	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role	Other      Other      other      other      other      describe below:     ance at an event held     potential County reve     Other      Other	Income [ at a County facility in nue from parking and
(Last. First)	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attends order to maximize Ceremonial Role If checking "Ceremon concession sales.	Other      Other      other      other      other      describe below:     ance at an event held     potential County reve     Other      Other	Income [ at a County facility in nue from parking and Income
(Last. First) Crozier, Dejamarie	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremon To promote attends order to maximize Ceremonial Role If checking "Ceremon concession sales. Describe the put To promote health,	Other      Other      Other      other' describe below:     ance at an event held     potential County reve     Other      Other      nial Role" or "Other" describe below:     olic purpose made pursuar	Income [ at a County facility in nue from parking and Income [ nt to the agency's policy e expanded opportunities
(Last First) Crozier, Dejamarie C. Name of Outside Organization (include address and description) United Seniors of Oakland & Alameda	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon concession sales. Describe the put To promote health, to vulnerable popu	Other X nial Role" or "Other" describe below: ance at an event held potential County reve Other  Other  nial Role" or "Other" describe below: bilic purpose made pursuar , motivate and provide	Income [ at a County facility in nue from parking and Income [ nt to the agency's policy e expanded opportunities such as the disabled,
C. Name of Outside Organization (include address and description) United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Oakland 94605	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon concession sales. Describe the put To promote health, to vulnerable popu	Other X nial Role" or "Other" describe below: ance at an event held potential County reve Other  Other  nial Role" or "Other" describe below: blic purpose made pursuar , motivate and provide lations in the County is	Income [ at a County facility in nue from parking and Income [ nt to the agency's policy e expanded opportunities such as the disabled,
C. Name of Outside Organization (include address and description) United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Oakland 94605 SENIQR ADVOCACY Verification	Ticket(s)/ Pass(es)         4         Number of Ticket(s)/ Pass(es)         4	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon concession sales. Describe the put To promote health, to vulnerable popu underprivileged, se	Other X nial Role" or "Other" describe below: ance at an event held potential County reve Other  Other  nial Role" or "Other" describe below: blic purpose made pursuar , motivate and provide lations in the County is	Income I at a County facility in nue from parking and Income I at to the agency's policy e expanded opportunities such as the disabled, ster care.
C. Name of Outside Organization (include address and description) United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Oakland 94605 SENIQR ADVOCACY Verification	Ticket(s)/ Pass(es)         4         Number of Ticket(s)/ Pass(es)         4	If checking "Ceremon To promote attends order to maximize Ceremonial Role If checking "Ceremon concession sales. Describe the put To promote health, to vulnerable popu underprivileged, se	Other X nial Role" or "Other" describe below: ance at an event held potential County reve Other  Other  nial Role" or "Other" describe below: blic purpose made pursuar , motivate and provide lations in the County is eniors and youth in for	Income [ at a County facility in nue from parking and Income [ Int to the agency's policy e expanded opportunities such as the disabled, ster care.

1.	Agency Name		Date Stamp	California 802				
	Alameda County			Form 002				
	Division, Department, or Reg	ion (If Applicab			For Official Use Only			
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)		· · · · · ·				
	Anna Gee							
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6694	anna.gee@	)acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	mation		· · · · ·				
	Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _	42.00		
	Event Description Circus			8	, 20 , 16	8 , 21 , 16		
		Provide Title/Ex						
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: GSW	Name of So			
	Additional and additional and an and a second			burce				
	Was ticket distribution made a of agency official?	at the behest	, Nate 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, Departme		Number of					
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
		_1	Number of					
	B. Name of Individual (Last. First)		Ticket(s)/ Pass(es)		Identify one of the follow	ring:		
	Cooper, Chaniquea		4	If checking "Ceremor	ial Role" or "Other" describe below:			
			1 .		potential County reve	at a County facility in nue from parking and		
				Ceremonial Role		Income		
				concession sales				
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy			
	United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Oakland 94605 SENIOR ADVOCACY		4		To promote health, motivate and provide expanded opport to vulnerable populations in the County such as the disab			
				underprivileged, se	eniors and youth in fos	ster care.		
4.	Verification							
'		8944.1 a			forth above, is in accordance w	-		
			Anna G		Operations Chief	8/5/16		
	Signature of Agency Lleav of Designa		Print Nan	n <del>o</del>	Title	(Month, Day, Year)		

**A Public Document** 

1.	Agency Name				Date Stamp	California 000	
••	Alameda County		Date Otamp	Form 802			
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Anna Gee						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				(monin, bdy, rodr)	
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	42.00	
					, 22 , 16	//	
	Event Description Circus Date(s) Date(s)					//	
	Ticket(s)/Pass(es) provided b	y agency?	Name of So				
	Mos tisket distribution made	at the behavi		urce			
	Was ticket distribution made at the behest No I Yes I If yes: . of agency official?				Official's Name (I	.ast, First)	
3.	Recipients						
•.	Use Section A to identify the agend	y'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, Departm	Number of Ticket(s)/ Pass(es)	Describe the pub	lic 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		
				If checking "Ceremon	ial Role" or "Other" describe below:		
				Ceremonial Role If checking "Ceremon	Other describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	to the agency's policy		
	Meals on Wheels Alameda Swan Way, Ste 120, Oakla		4		motivate and provide lations in the County s	expanded opportunities uch as the disabled,	
	94605 MEALS DELIVERY SENIO	RS		underprivileged, se	niors and youth in fos	ter care.	
4.	Verification			<b>A</b>		· · · · · · · · · · · · · · · · · · ·	
		tions 18944.1 an	d 18942. I have ve	erified that the distribution set f	forth above, is in accordance wi	th the requirements.	
			Anna G	ee	<b>Operations Chief</b>	8/5/16	

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0				Bistinutions		A Public Document		
1.	Agency Name				Date Stamp	California 802		
	Alameda County					LI CARLE		
	Division, Department, or Regi	on (If Applicabl	e)		1	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (	Name, Title)	-					
	Amy Shrago, Supervisor's A	ssistant						
	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	nation	•					
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	65.00		
	Event Description Louis CK			07	7 , 09 , 16	//////		
	Event Description	Provide Title/Exp						
	Ticket(s)/Pass(es) provided by agency? Yes D No M If no:			If no: Golde	n State Warriors			
					Name of So	urce		
	Was ticket distribution made at the behest No of agency official?			If yes: Carso	Official's Name (	(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 Agency, Department or Unit		Number of					
			Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy			
	BOS District 5		1					
			Number of					
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:				
				Ceremonial Role	Other 🔀			
	Shrago, Ethan		1		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 rev				
	Simpson, Jacob				Ceremonial Role Other Other Common Income If checking "Ceremonial Role" or "Other" describe below:			
	······		2	To promote attend	ance at a County spor	sored event or event		
				held at a County fa	a County facility in order to maximize potential Co			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy		
			()					
	<u>.</u>							
4.	Verification			I		·····		
	l hav	ıns 18944.1 aı	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.		
			Amy Shr	ago	Supervisor's Assistan	t 08/01/16		
	Signature of Agency Head or Designed		Amy Shr Print Nan		Supervisor's Assistan	t 08/01/16 (Month, Day, Ye		

1.	Agency Name				Date Stamp	California 002		
	Alameda County			Form <b>OUZ</b>				
	Division, Department, or Regio	on (If Applicable	)		1	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (/	Vame, Title)			1			
	Amy Shrago, Supervisor's A	ssistant						
		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 Inform				295.00			
	Does the agency have a ticket		Yes 🗌 No		Face Value of Each Ticket/Pass \$ 285.00			
	Event Description USA Baske	ase	Date(s)7	<u>7 , 26 , 16 .</u>	//			
		lanation						
	Ticket(s)/Pass(es) provided by	Yes 🗌 No	If no: Golder	n State Warriors Name of Sol	Irce			
	Was ticket distribution made a of agency official?	No 🗌 Yes	If yes: Carso	on, Keith Official's Name (L	ast, First)			
3.	Recipients							
	Use Section A to identify the agency	's department or	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)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy			
	BOS District 5		4		eward a County employee for his or her exemplary service to bublic or to encourage staff development			
	B. Name of Individua	Number of Ticket(s)/		Identify one of the followi				
		Pass(es)						
				Ceremonial Role If checking "Ceremon	Other II	Income L		
				Ceremonial Role	Dther nial 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		
4.		lations 18044 1 an	erified that the distribution set	forth above, is in accordance wi	th the requirements			
	ina (egu	100010 10074.1 dll						
		,	Amy Shr Print Nan		Supervisor's Assistan	(Month, Day, Year)		
	• •							
	Comment:					FPPC Form 802 (4/12		

CC		S and no	Neur ass	Distributions		A Public Document	
1. /	Agency Name		Date Stamp	California 802			
	Alameda County					Form	
ī	Division, Department, or Regio	on (If Applicable	)		1	For Official Use Only	
I	Board of Supervisors						
Ī	Designated Agency Contact (/	Vame, Title)			1		
4	Amy Shrago, Supervisor's As	ssistant			Amendment (Must a	rovide explanation in Part 3.)	
7	Area Code/Phone Number	E-mail					
_	(510) 272-6695	@acgov.org		Date of Original Filing: .	(Month, Day, Year)		
	Function or Event Inform					074.00	
[	Does the agency have a ticket	policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$	274.00	
E	Event Description <u>Adele</u>	anation	Date(s)	3 , 02 , 16 /			
٦	Ficket(s)/Pass(es) provided by	Yes 🗌 No	If no: Golde	Name of Source			
,	Nas ticket distribution made at		- Cars	Name of Source			
,	of agency official?	No 🗌 Yes	If yes: Ourse	If yes: Carson, Keith Official's Name (Last, First)			
-	• Use Section A to identify the agency • Name of Agency, Department	Number of					
-	A. Name of Agency, Department of ont		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
-	BOS District 5		4		y employee for his or h courage staff developm	er exemplary service to ent	
-	B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	ng:	
-	(Last First)		Pass(es)			-	
					Other Inter Delay of "Other" describe below:	Income	
				Ceremonial Roie If checking "Ceremor	Other D nial Role" or "Other" describe below:	Income	
(	C. Name of Outside Organi (include address and dest		Number of Ticket(s)/ Pass(es)	Describe the put	plic purpose made pursuant	to the agency's policy	

4. Verification

l hav

PC 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	08/01/16
1 I I I I I I I I I I I I I I I I I I I	Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

1.	Agency Name			· · · ·	Date Stamp	California QOO	
	Alameda County					Form 802	
	Division, Department, or Regi	on (If Applicab	le)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)			1		
	Amy Shrago, Supervisor's A	ssistant					
	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	mation	_				
	Does the agency have a ticke		Yes 🗌 🛛 No		of Each Ticket/Pass \$	204.00	
	Event DescriptionBanda MS		Date(s)08	<u>, 12 , 16</u>	//		
	·	Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided by	Yes 🗌 No	If no: Golder	If no: Golden State Warriors Name of Source			
	Was ticket distribution made a	No 🗌 Yes	If yes: Carso	on. Keith			
	of agency official?			I yes:	Official's Name (I	Last, First)	
3.	Recipients						
	Use Section A to identify the agency	y's department o		ction B to identify an individu	ual. • Use Section C to ident	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 District 5		4			ner exemplary service to	
				the public or to encourage staff development			
	B. Name of Individual		Number of				
	Clast First)		Ticket(s)/ Pass(es)	Identify one of the following:			
				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
	5a				Other D	Income	
				IT CRECKING "Geremon.	ial Role" or "Other" describe below:		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
	······································						
4.	Veri			<u>I</u>		<u>.</u>	
		lations 18944.1 ar	nd 18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	th the requirements.	
			Amy Shr	ago	Supervisor's Assistant	08/01/16	
	esignee		Print Nam	ne	Title	(Month, Day, Year)	
	Comment:						

_						AT ablie Bocullette	
1.	Agency Name			Date Stamp	California 802		
	Alameda County					Form 002	
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Amy Shrago, Supervisor's A	ssistant					
	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	(*******) = 2 <b>3</b> , *****	
	Does the agency have a ticke	t policy?	Yes 🗌 No	🔀 Face Value d	of Each Ticket/Pass \$ _	165.00	
	Event Description Andre Wa	rd vs. Alexand		—		//	
	Event Description	Provide Title/Exp		Date(s)			
	Ticket(s)/Pass(es) provided b	Yes 🗌 No	If no: Golder	en State Warriors			
		,			Name of So	burce	
	Was ticket distribution made a	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 agence		ual. • Use Section C to ider	itify an outside organization.			
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	oublic purpose made pursuant to the agency's policy			
	· · · · · · · · · · · · · · · · · · ·						
			+				
	B. Name of Individual		Number of Ticket(s)/		ldentificens of the faller.	••••	
	(Last First)	(Last. First)			Identify one of the follow	/ing:	
				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
				Ceremonial Role	Other	······	
					ial Role" or "Other" describe below:		
			\$ <u>5</u>	,			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			1 409(09)	<b>—</b>			
			4		reward a school or nonprofit organization for its contributions		
				I TO THE COMMUNITY			
	12th St. Oakland CA 94607			to the community			
				to the community	<u></u>		
				to the community			

1.	Agency Name				Date Stamp	California 000	
	Alameda County			Form 802			
	Division, Department, or Regi	on (If Applicab	le)		-	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (/	Vame, Title)	-				
	Amy Shrago, Supervisor's A	ssistant					
	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 Inform	nation					
	Does the agency have a ticket	policy?	Yes 🔲 No	Face Value of	of Each Ticket/Pass \$ _	42.00	
	Event Description Ringling Br	os. and Bar	num & Bailey	Cir Date(s) 08	3 <u>,</u> 21 <u>,</u> 16	//	
	Ticket(s)/Pass(es) provided by	Yes 🔲 No	If no: Golde	n State Warriors			
	Was ticket distribution made at of agency official?	No 🗌 Yes	Otamaa Kalila				
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 Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	lic 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 Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ing:	
					Dial Role" or "Other" describe below:		
					L Other Carloscribe below:		
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy	
	100 Black Men of the Bay Area 1638 12th St. Oakland CA 94607		4	To reward a schoo to the community	l or nonprofit organiza	tion for its contributions	
<u>_</u>	Verification						
4.		ations 18944.1 ar	od 18942. I have ve	erified that the distribution set f	forth above, is in accordance wi	ith the requirements.	
			Amy Shr		Supervisor's Assistant 08/01/16		
	nee /		Print Nam		Title	(Month, Day, Year)	
	Comment:					FPPC Form 802 (4/12)	
A Public Document

1. Agency Name       Date Stamp       California 802         Alamoda County       Division, Department, or Region (// Applicable)       Board of Supervisors       Per Official Use Only         Board of Supervisors       Designated Agency Contact (Name, Title)       Image: Amendment, ideat provide applicable)       Per Official Use Only         Area Code/Phone Number       E-mail       Image: Amendment, ideat provide applicable)       Date of Original Filing:       Moont, Day, Veu/1         2. Function or Event Information       Does the agency have a ticket policy?       Yes Image: No IX       Face Value of Each Ticket/Pass \$       27.00         Event Description       A's vs. Blue Jays       Porvide TibleExplanation       Date of Original Filing:       Moont, Day, Veu/1         Ticket(s)/Pass(es) provide TibleExplanation       If no; Oakland A's       If no; Oakland A's       Name of Source         • 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.         • 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.         • Use Section C to identify the agency's department or Unit       Number of Ticket(q)       Describe the public purpose made pursuant to the agency's policy         • Use Section C to identify the agency's policy <td< th=""><th></th><th></th><th></th><th></th><th>A Public Document</th></td<>					A Public Document
Allemeda County       For Official Use Only         Division, Department, or Region (If Applicable)       For Official Use Only         Board of Supervisors       Designated Agency Contact (Name, Title)         Ares Code/Phone Number       E-mail         (510) 272-6695       amy.shrago@acgov.org         2. Function or Event Information       E-mail         Deserve a ticket policy?       Yes D         Provide Tolle.Explanation       Date of Original Filting:         Provide Tolle.Explanation       Date(s)         Divide Tolle.Explanation       Date(s)         Provide Tolle.Explanation       Date(s)         Provide Tolle.Explanation       Date(s)         Provide Tolle.Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes D         No Explore       No Explore         Recipients       No Explore         - Use Section A to identify the agency's department or tunk       - 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 pursuant to the agency's policy         Pass(es)       Eventoal face or Other describe accer       Income       Income         A. Name of Outatiste Organization       Number of Ticket(s)	1. Agency Name			Date Stamp	California 802
Board of Supervisors         Board of Supervisors         Designated Agency Contact (Name, Title)         Amy Shrago         Area Code/Phone Number         E-mail         amy Shrago         Dete of Original Filing:         (510) 272-6695         Board of Supervisors         Dete of Original Filing:         (510) 272-6695         Chronic Tevent Information         Does the agency have a ticket policy?         Yes       No X         Function or Event Information         Dete of Original Filing:         // Month, Day Yeard         Event Description         Area Code/Phone Number         // Month, Day Yeard         Dete of Original Filing:         // Month, Day Yeard         Dete of Original Filing:         // Month, Day Yeard         Dete of Original Filing:         // Month Day State         // Month Day State         // Month Day Tebepting         // Mone Source         //	Alameda County				1 Orm
Designated Agency Contact (Name, Table)         Amy Shrago         Area Code/Phone Number (S10) 272-6695         amy, Shrago@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes   No Ø         Face Value of Each Ticket/Pass \$         2. Function or Event Information Does the agency have a ticket policy? Yes   No Ø         Event Description A's vs. Blue Jays Event Description A's vs. Blue Jays Provide TimeEsplanation Ticket(s)/Pass(es) provided by agency? Yes   No Ø         Maine of Source         Was ticket distribution made at the behest of agency official?         3. Receipients •Use Section C to identify the agency's department or unit.         •Use Section C to identify the agency's department or unit.         Number of Ticket(s)/Pass(es) provided by agency's department or unit.         •Use Section C to identify the agency's department or unit.         •Use Section C to identify the agency's department or unit.         •Use Section C to identify an individual.         •Use Section C to identify an outside organization.         Mumber of Ticket(a)         B. Name of Individual Area Fred         Maintber of Ticket(a)         Cenemonial Role       Other / accorde totoc:         Cenemonial Role       Other / accorde totoc:         Cenemonial Role       Other / accorde totoc:         Cenemonial Role       Other / accord	Division, Department, or Region (If Applicable)		For Official Use Only		
Designated Agency Contact (Name, Table)         Amy Shrago         Area Code/Phone Number (S10) 272-6695         amy, Shrago@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes   No Ø         Face Value of Each Ticket/Pass \$         2. Function or Event Information Does the agency have a ticket policy? Yes   No Ø         Event Description A's vs. Blue Jays Event Description A's vs. Blue Jays Provide TimeEsplanation Ticket(s)/Pass(es) provided by agency? Yes   No Ø         Maine of Source         Was ticket distribution made at the behest of agency official?         3. Receipients •Use Section C to identify the agency's department or unit.         •Use Section C to identify the agency's department or unit.         Number of Ticket(s)/Pass(es) provided by agency's department or unit.         •Use Section C to identify the agency's department or unit.         •Use Section C to identify the agency's department or unit.         •Use Section C to identify an individual.         •Use Section C to identify an outside organization.         Mumber of Ticket(a)         B. Name of Individual Area Fred         Maintber of Ticket(a)         Cenemonial Role       Other / accorde totoc:         Cenemonial Role       Other / accorde totoc:         Cenemonial Role       Other / accorde totoc:         Cenemonial Role       Other / accord	Board of Supervisors				
Area Code/Phone Number (S10) 272-6695       E-mail amy.shrago@acgov.org       Date of Original Films: (Molth. Day. Vear)         2. Function or Event Information Does the agency have a ticket policy? Yes    No          Face Value of Each Ticket/Pass \$					
Area Code/Phone Number (S10) 272-6695       E-mail amy.shrago@acgov.org       Date of Original Films: (Molth. Day. Vear)         2. Function or Event Information Does the agency have a ticket policy? Yes    No          Face Value of Each Ticket/Pass \$	Amy Shraqo				
(510) 272-6695       amy.shrago@acgov.org       Date of Original Filing:(Month, Cay, Year)         2. Function or Event Information Does the agency have a ticket policy? Yes No ⊠       Face Value of Each Ticket/Pass \$ 27.00         Event Description       A's vs. Blue Jays Provide TitleExplanation       Date(s) 7 16 071816         Ticket(s)/Pass(es) provided by agency? Yes No ⊠       If no: 0akland A's Name of Source       Name of Source         Was ticket distribution made at the behest of agency official?       No ⊠       If yes: Carson, Keith		_		Amendment (Must p.	rovide explanation in Part 3.)
2. Function or Event Information   Does the agency have a ticket policy?   Yes   No   Event Description   A's vs. Blue Jays   Provide TibleExplanation   Ticket(s)/Pass(es) provided by agency?   Yes   No   Yes   No   Yes   No   Yes   No   Ticket(s)/Pass(es) provided by agency?   Yes   No   Yes   Name of Agency. Department or unit   Number of   Ticket(s)   Pase(es)   B.   Name of Individual   datt. Fred   B.   Name of Individual   datt. Fred   Number of   Ticket(s)   Pase(es)   Ceremonial Role   Other   Income   If cheating 'Demonsial Role or 'Differ describe below:               C.		Dacdov ord		Date of Original Filing:	
Does the agency have a ticket policy?       Yes       No X       Face Value of Each Ticket/Pass \$					(Month, Day, Year)
Event Description       A's vs. Blue Jays       Date(s)       07       17       16       07       18       16         Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Oakland A's       Name of Source         Was ticket distribution made at the behest of agency official?       No       Yes       If no:       Oakland A's       Name of Source         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)/       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Identify one of the following:       Income       Income       Income         # Other of Individual       Number of Ticket(s)/       Identify one of the following:       Income       Income         # Other of Undividual       Number of Ticket(s)/       Identify one of the following:       Income       Income       Income         # Other of Undividual       Number of Ticket(s)/       Identify one of the following:       Income		V 🗖 N	Eace Value o	f Each Tickot/Dass \$	27.00
Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Oakland A's         Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Carson, Keith         Official?       Official?       Official?       Official?       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         B. Name of individual (Last Rwo       Number of Ticket(s)/ Pass(es)       Identify one of the following: Pass(es)       Income         Ceremonial Role       Other       Income       Income       Income         If checking?       Ceremonial Role       Other describe below.       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         Friday Night Live/West Oakland Youth Center 3233 Market St, Oakland Youth Center 3233 Market St, Oakland, CA 94       2       To reward a school or nonprofit organization for its contributions to the community         4. Verification       Intermention       Intermentin       Intermention <th></th> <th></th> <th></th> <th></th> <th></th>					
Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Oakland A's         Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Carson, Keith         Official?       Official?       Official?       Official?       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         B. Name of individual (Last Rwo       Number of Ticket(s)/ Pass(es)       Identify one of the following: Pass(es)       Income         Ceremonial Role       Other       Income       Income       Income         If checking?       Ceremonial Role       Other describe below.       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         Friday Night Live/West Oakland Youth Center 3233 Market St, Oakland Youth Center 3233 Market St, Oakland, CA 94       2       To reward a school or nonprofit organization for its contributions to the community         4. Verification       Intermention       Intermentin       Intermention <th>Event Description A's vs. Blue Jays</th> <th>notion</th> <th> Date(s)7</th> <th><u> </u></th> <th></th>	Event Description A's vs. Blue Jays	notion	Date(s)7	<u> </u>	
Wass licket distribution made at the behest of agency official?       No       Yes       If yes:       Carson, Keith 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(st)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last, Free)       Number of Ticket(st)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last, Free)       Number of Ticket(st)       Identify one of the following:         Ceremonial Role       Other       Income       Income         If decking "Ceremonial Role       Other       Income       Income         If decking 'Ceremonial Role       Other		mauon	Oaklar	ad Ale	
Was ticket distribution made at the behest of agency official?       No        Yes        If yes: Carson, Keith 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 data freet)       Number of Ticket(s)/ Pass(es)       Identify one of the following: Pass(es)       Income         Ceremonial Role       Other       Income       Income         If checking 'Ceremonial Role       Other       Income         If checking 'Ceremonial Role </th <th>Ticket(s)/Pass(es) provided by agency?</th> <th>Yes 🔲 No 🛛</th> <th></th> <th>Name of So</th> <th>urce</th>	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🛛		Name of So	urce
C     Mame of Outside Organization     Income	Was ticket distribution made at the behest		Carso		
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)/ Pass(es)      Describe the public purpose made pursuant to the agency's policy      B. Name of Individual     Identify one of the following:         Identify one of the following:				Official's Name (I	Last, First)
B.       Name of Individual (Last. Fred)       Number of Tricket(s)/ Pass(es)       Identify one of the following:         B.       Name of Individual (Last. Fred)       Number of Tricket(s)/ Pass(es)       Identify one of the following:         Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         Coremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremoni	Use Section A to identify the agency's department or u	Number of Ticket(s)/			
B.       Name of individual (Last Fred)       Ticket(s)/ Pass(es)       Identify one of the following:         Image: Ceremonial Role in the context of the contex					
If checking "Ceremonial Role" or "Other" describe below:         If checking "Ceremonial Role	B. Name of Individual (Last_First)	Ticket(s)/		Identify one of the follow	ing:
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         Friday Night Live/West Oakland Youth Center 3233 Market St, Oakland, CA 94       2       To reward a school or nonprofit organization for its contributions to the community         4. Verification       Verification					Income
C.       Name of outside organization (include address and description)       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Friday Night Live/West Oakland Youth Center 3233 Market St, Oakland, CA 94       2       To reward a school or nonprofit organization for its contributions to the community         4. Verification       Verification					Income
C.       Name of outside organization (include address and description)       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Friday Night Live/West Oakland Youth Center 3233 Market St, Oakland, CA 94       2       To reward a school or nonprofit organization for its contributions to the community         4. Verification       Verification				8	
Center 3233 Market St, Oakland, CA 94 2 to the community 4. Verification		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		2		l or nonprofit organiza	tion for its contributions

_			Amy Shrago	Supervisor's Assistant	08/01/16
1		gnee	Print Name	Title	(Month, Day, Year)
1	~				

1.	Agency Name			Date Stamp	California 802	
	Alameda County		Form OOZ			
	Division, Department, or Region (If Applicable)	1	For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Amy Shrago			Amendment (Must pro	ovide evolution in Part 3 )	
	Area Code/Phone Number E-mail					
	(510) 272-6695 amy.shrago@	Dacgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information			ă.	00.00	
	Does the agency have a ticket policy?	Yes 🗌 🛛 No	Face Value o	of Each Ticket/Pass \$	90.00	
	Event Description <u>A's vs. Pirates</u> Dat			<u>, 01 , 16</u>		
	Fronde InterExplanation					
	Ticket(s)/Pass(es) provided by agency?	If no: Oaklar	nd A's Name of Sou	rce		
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Carso	on, Keith Official's Name (L	ast, First)	
3.	• Use Section A to identify the agency's department or u	ınit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit	Number of	Describe the pub	olic purpose made pursuant	to the agency's policy	
		Ticket(s)/ Describe the p Pass(es)		· · · · · · · · · · · · · · · · · · ·		
	_	Number of				
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:			
	·		Ceremonial Role	Other		
			If checking "Ceremon	nial Role" or "Other" describe below:		
				dther describe below:		
			in onconting "conorman			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant	to the agency's policy	
		Pass(es)				
	Peter Pan Cooperative Nursery School 4618 Allendale Ave., Oakland CA 94619	18	To reward a school to the community	l or nonprofit organizat	ion for its contributions	
					· · · · ·	
			÷			
4	Verification	1	l			
		18942. I have ve	erified that the distribution set f	forth above, is in accordance wit	h the requirements.	
		Amy Shr	rago Supervisor's Assistant 08/01/1			
	esignee	Print Narr		Title	(Month, Day, Year)	
	Comment:				FPPC Form 802 (4/12	

1.	Agency Name		Date Stamp California Q00				
	Alameda County					Form 002	
	Division, Department, or Regio	n (If Applicable	9)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (N	ame, Title)			1		
	Amy Shrago				Amondment (11		
	Area Code/Phone Number	E-mail			Amendment (Must pr		
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	ation					
	Does the agency have a ticket		Yes 🗌 🛛 No		of Each Ticket/Pass \$	32.00	
	Event Description A's vs. Pirat	es	Date(s)07	<u>, 02 , 16</u>	//		
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	agency?	Name of Sou	irce			
	Was ticket distribution made at	the behest	on, Keith				
	of agency official?		No 🗌 Yes	⊻з пусъ	Official's Name (L	ast, First)	
3.	Recipients			- · · · · · · · · · · · · · · · · · · ·			
	Use Section A to identify the agency's	s department or		tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy			
			Pass(es)				
	B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the following:		
	(200) 1100		Pass(es)	Commercial Dat			
	Simpson, Sam				Dther Dial Role" or "Other" describe below:	Income	
			2		ance at a County spon		
			<u> </u>	held at a County fa	cility in order to maxim	ize potential County rev	
				Ceremonial Role	Dother Dother Dother Dother	Income	
			2	in checking Ceremon	na Role of Other describe below:		
	C. Name of Outside Organiz		Number of Ticket(s)/	Describe the pub	public purpose made pursuant to the agency's policy		
	(include address and desc	inpuon)	Pass(es)				
	<u></u>						
4.	Verification	tions 18044 1 an	orth above is in accordance with	h the requirements			
	. nave vegula			et forth above, is in accordance with the requirements.			
	ignee		Amy Shra		Supervisor's Assistant	(Month, Day, Year)	
	/ / ·		,	-	nie	(wonut, Day, rear)	
	Comment:						

**A Public Document** 

-	A						
1.	Agency Name			Date Stamp	California 802		
	Alameda County				For Official Use Only		
	Division, Department, or Reg	ion (If Applicable	)			Tor Official Ose 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 ticke	et policy?	Yes 🗌 No	🗙 Face Value d	of Each Ticket/Pass \$ _	27.00	
	Event Description <u>A's vs. Pir</u>	ates		Deta(a) 07	′, 0, 16	//	
	Event Description	Provide Title/Expl	anation	Date(s)		//	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklar				nd A's Name of S		
	Mee tielest distribution mode.		_	- Carso		ource	
	Was ticket distribution made at the behest No Yes If yes: Carso of agency official?			Official's Name	(Last. First)		
2				- · · ·		· · · ·	
J.	• 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 ide	ntify an outside organization.	
	A. Name of Agency, Departme	Number of					
			Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	BOS Dist 5		2			her exemplary service to	
			2	the public or to enc	ourage staff developr	nent.	
			Number of			· · · · · · · · · · · · · · · · · · ·	
	B. Name of Individu	al	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role	Other		
				If checking "Ceremon	ial Role" or "Other" describe below:		
				Ceremonial Role	Other		
					ial Role" or "Other" describe below:	Income	
			Number of				
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
				6			
4.	Verification	ulations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance w	vith the requirements.	

# Amy Shrago Supervisor's Assistant 08/01/16 Signature of Agency Heap of Designee Print Name Title (Month, Day, Year)

_						AT usic Document
1.	Agency Name			×	Date Stamp	California 802
	Alameda County					I OIIII
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail	Amendment (Must pi	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 ticke	t policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	27.00
	Event Description A's vs. Blu	ie Jays		Date(s) 07	', 15 , 16	//
	Event Description <u>A's vs. Blue Jays</u> Date(s) <u>07</u>				/	//
	Ticket(s)/Pass(es) provided by agency? Yes			If no: Oaklar	nd A's	
					Name of Sol	urce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Carso	On, Keith Official's Name (I	ant First
_						
3.	Recipients			Alon D 4a idaatifa ay iy disid	unt	16
	Use Section A to identify the agenc		Number of		ual. • Use Section C to iden	ity an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic 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	ng:
				Ceremonial Role	Other 🛛	Income
	Carson, Keith		2		ial Role" or "Other" describe below:	
					inty of a facility, its ope	rator, or a local sports
				Ceremonial Role		
					ial Role" or "Other" describe below:	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	blic purpose made pursuant	to the agency's policy
	(include address and des	scription)	Pass(es)			
4.	Verification			1		
	Ih <sup>°</sup> C Regu	nd 18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.	
			Amy Shr	ago	Supervisor's Assistant	08/01/16
	Signature of Agency Head or Designed	•	Print Nan		Title	(Month, Day, Year)
	_					
	Comment:	-				

1.	Agency Name			×	Date Stamp	California 802
	Alameda County	an /16 4 11 1	4	For Official Use Only		
	Division, Department, or Regi	on (If Applicabl				
	Board of Supervisors				]	
	Designated Agency Contact (/	Vame, Title)				
	Amy Shrago	·			Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number     E-mail       (510) 272-6695     amy.shrago@acgov.org			Date of Original Filing: _		
_	(510) 272-6695			(Month, Day, Year)		
2.	Function or Event Inform		Yes 🗌 No		f Fach Ticket/Dees A	32.00
	Does the agency have a ticket		of Each Ticket/Pass \$			
	Event Description A's vs. Blue	e Jays Provide Title/Exp	lanation	Date(s) <u>07</u>	<u>, 16 , 16</u>	//
			lanation	Oaklai	nd Δ's	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklar				Name of Sou	irce
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If ves: Car			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 Sec	ction B to identify an individu	ual. • Use Section C to identi	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		to the agency's policy
	BOS Dist 5			To reward a County employee for his or her exemplary ser		er exemplary service to
			2	the public or to enc	ourage staff developm	ent
	B. Name of Individua (Last. First)	Number of Ticket(s)/	Identify one of the following:			
	· · · · · · · · · · · · · · · · · · ·		Pass(es)	Ceremonial Role	Other	
<u>t:</u>					ial Role" or "Other" describe below:	Income
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
			-			
	Name of Outside Organ	ization	Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
4	Verification		. I.,	L		
	I have ulations 18944.1 and 18942. I have verified that the d				orth above, is in accordance witi	h the requirements.
			Amy Shr	aqo	Supervisor's Assistant	08/01/16
	Signature of Agency Head or Designee		Print Nan		Title	(Month, Day, Year)
	Comment:					

**A Public Document** 

_			Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable)	)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	<i>a</i>			
	Amy Shrago				
	Area Code/Phone Number E-mail			Amendment (Must pi	ovide explanation in Part 3.)
	(510) 272-6695 amy.shrago@	Dacgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information		······		
	Does the agency have a ticket policy?	Yes 🗌 No	🔀 Face Value d	of Each Ticket/Pass \$	90.00
				7 <u>16</u> 16	//
	Event Description <u>A's vs. Blue Jays</u> Provide Title/Expla	nation	Date(s)		/
		Yes 🗌 No	If no: Oakla	nd A's	
				Name of Sol	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 or u	Init. • Use Sec Number of	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	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 Individual	Number of Ticket(s)/		Identify one of the followi	na:
	(Last, First)	Pass(es)			
				Other describe below:	Income
			Ceremonial Role If checking *Ceremon	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
	Peter Pan Cooperative Nursery School 4618 Aliendale Ave., Oakland CA 94619	18	To reward a school to the community	or nonprofit organizat	ion for its contributions
4.	Verification				
		Amy Shra	aqo	Supervisor's Assistant	08/01/16

eremonial Role Even	ts and Tic	ket/Pass Dist	ributions		A Public Document
Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			1	
Amy Shrago				Amendment (Must pr	rovide evelopation in Part 2.1
Area Code/Phone Number	E-mail				. , ,
(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
Function or Event Infor	mation			•	
Does the agency have a ticke	t policy?	Yes 🗋 No 🔀	Face Value of	of Each Ticket/Pass \$	27.00
Event Description A's vs. As	tros		Date(s) = 07	<u>′ , 19 , 16 </u>	1 1
	Provide Title/Exp	planation	Date(5)	/	//
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: <u>Oakla</u>	nd A's Name of Sou	Irce
Was ticket distribution made a	at the behest	No 🗌 Yes 🔀	If yes: Carso	on, Keith	

3. Recipients

of agency official?

1.

2.

<ul> <li>Use Section A to identify the agency's department or unit.</li> </ul>	<ul> <li>Use Section B to identify an individual</li> </ul>	A Use Section C to identify an outside experimetion
• Ose Section A to identity the agency's department of thirt.	• Ose Section B to identity an individual.	• Ose Section & to identify an outside organization.

Α.	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:
		1 433(63)	Ceremonial Role  Other  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
Alameda County Central Labor Council 7750 Pardee Ln #110, Oakland, CA 946		2	To reward a school or nonprofit organization for its contributions to the community

4. Verification

l have

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

Amy Shrago Supervisor's Assistant 08/01/16 11 Print Name јпее Title (Month, Day, Year) V

Comment: \_

Official's Name (Last, First)

U	eremonial Role Even	is and m	-NCU F 455	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name,Title)		······································		
	Amy Shrago					
	Area Code/Phone Number	E-mail			. Amendment (Must pro	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month Day Year)
2.	Function or Event Infor	mation				( <i>inonini, bu</i> ), <i>roury</i>
	Does the agency have a ticke	et policy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	27.00
	Event Description <u>A's vs. As</u>	tros			<u>, 20 , 16</u>	, ,
	Event Description	Provide Title/Exp	planation	Date(s)		/
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no: Oaklar	nd A's	
					Name of Sou	rce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Carso	On, Keith Official's Name (Li	oot First)
3.	• Use Section A to identify the agence	v's department o	runit ∙UseSec	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	to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the following	ng:
	· · · · · · · · · · · · · · · · · · ·		Pass(es)	Ceremonial Role	Other 🔀	
	Spencer, Scott				ial Role" or "Other" describe below:	Income
			2	To promote attenda	ance at a County spon	sored event or event
				held at a County fa	cility in order to maxim	ize potential County rev
				Ceremonial Role		
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organ	nization	Number of			
	C. Name of Outside Organ (include address and de		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
						· · · · · · · · · · · · · · · · · · ·
			1			
_			/ h.			

# 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	08/01/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

С	eremonial Role Even	ts and Tick	(et/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)					
	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				(#101117, 204), 10017	
	Does the agency have a ticke	t policy?	Yes□ Nol	🗙 Face Value o	f Each Ticket/Pass \$ _	27.00	
	Event Description <u>A's vs. Ra</u>						
	Event Description	Provide Title/Explai	nation	Date(s)7		//	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Oaklar				nd A's		
		j ugonoj i			Name of So	urce	
	Was ticket distribution made a	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 agence	nit. • Use Sec Number of	tion B to identify an individu	al. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
			Number of				
	B. Name of Individu	ai	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role	Other Control of the tellow:	Income	
				Ceremonial Role	Other		
				If checking "Ceremon	ial 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 p		suant to the agency's policy	
		Asian Health Services 818 Webster St, Oakland, CA 94607 serve and advocate f		To reward a school to the community	or nonprofit organiza	tion for its contributions	
4.	Verification	untiona 190111	19042 ( 5	affind that the distribution of			
	l have re Regu	uations 18944.1 and			orth above, is in accordance wi		
	<u> </u>		Amy Shra		Supervisor's Assistan		
	Si signed	2	Print Nam	θ	Title	(Month, Day, Year)	

4						A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)				-		
	Amy Shrago						
	Area Code/Phone Number	E-mail	<u> </u>		Amendment (Must )	provide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	o@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information						
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value	of Each Ticket/Pass \$ _	32.00	
	Event Description <u>A's vs. Ra</u>	ys			7 <u>22 16</u>	, ,	
	Event Description	//	//				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oakla	nd A's		
					Name of So	burce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Cars	On, Keith Official's Name	(last Eirst)	
_					Ometal 3 Marie		
3.	• Use Section A to identify the agence	v's denartment o	runit ellse Ser	ction B to identify an individ	ual a Use Section C to ider	tifu an outside organization	
			Number of				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
	B. Name of Individu	al	Number of		Identify one of the follow	/ing:	
	B. Name of Individu (Last, First)	al			Identify one of the follow	/ing:	
	(Last, First)	al	Number of Ticket(s)/	Ceremonial Role	Other X		
	<b>B.</b> Name of Individu (Lest, First) Decker, Breeanna	al	Number of Ticket(s)/	If checking "Ceremo	Dther X nial Role" or "Other" describe below:		
	(Last, First)	al	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To reward a Coun	Dther X nial Role" or "Other" describe below:	Income	
	(Last, First)	al	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role	Dther X nial Role" or "Other" describe below: ty employee for his or	Income	
	Decker, Breeanna		Number of Ticket(s)/ Pass(es) 2	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role	Other  O	Income	
	(Last, First)	nization	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role If checking "Ceremo	Other  O	Income In	
	C. Name of Outside Organ	nization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role If checking "Ceremo	Other  Inial Role" or "Other" describe below: ty employee for his or courage staff developr Other nial Role" or "Other" describe below:	Income her exemplary service to nent	
	C. Name of Outside Organ	nization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role If checking "Ceremo	Other  Inial Role" or "Other" describe below: ty employee for his or courage staff developr Other nial Role" or "Other" describe below:	Income her exemplary service to nent	

	Amy Shrago	Supervisor's Assistant	08/01/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

**A Public Document** 

_						
1.	Agency Name		Date Stamp	California 802		
	Alameda County					Form OOZ
	Division, Department, or Reg	ion (If Applicable	e)			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 ticket policy? Yes I No X Face Value			f Each Ticket/Pass \$	90.00	
	Event Description <u>A's vs. Ra</u>	ys		Date(s) 07		1 1
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by agency?		Yes 🗌 No	If no: Oaklar	ול A's Name of Sou	
	Was ticket distribution made a	at the behavi		Carso		ice .
	of agency official?	at the benest	No 🗌 Yes	If yes: Carso	Official's Name (L	ast, First)
2	Recipients					
5.	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 identi	fy an outside organization.
	A. Name of Agency, Departme	ent 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		14		eward a County employee for his or her exemplary service public or to encourage staff development	
			Number of			
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Oaman Kaith			Ceremonial Role	Other 🔀	Income
	Carson, Keith		4		ial Role" or "Other" describe below: t of facilities or events t	hat have received
				County funding or		nat have received
				Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
4	Verification					
4.		ulations 18944.1 ar	nd 18942. I have ve	erified that the distribution set i	forth above, is in accordance with	h the requirements.
			Amy Shr	ago	Supervisor's Assistant	08/01/16

C	eremonial Role Events and Lick	(et/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County			6	A SUMPLY	
	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				provide explanation in Part 3.)	
	(510) 272-6695 amy.shrago@	)acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information			·		
	Does the agency have a ticket policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	90.00	
	Event Description <u>A's vs. Rays</u> Provide Title/Explai	nation	Date(s)7	7 <u>, 23 , 16</u>	//	
		Yes 🗌 No	If no: Oakla	nd A's	ource	
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Carso			
	of agency official?			Official's Name	(Last, First)	
3.	• Use Section A to identify the agency's department or u	nit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify 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)/ Pass(es)		Identify one of the follow	ving:	
			Ceremonial Role If checking "Ceremon	Dther D nial Role" or "Other" describe below:	Income	
			Ceremonial Role If checking "Ceremon	Dther nial 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 pursuar	nt to the agency's policy	
	Friday Night Live 3233 Market St, Oakland, CA 94608 to provide a safe env	4	To reward a schoo to the community	rd a school or nonprofit organization for its contributions		

#### 4. Verification

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

	Amy Shrago	Supervisor's Assistant	08/01/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

	Agency Name				Date Stamp	
	Alameda County				Date Stamp	California 802
	Division, Department, or Region (If Applicable)			-	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Sarah Oddie Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)	
		E-mail	0		Date of Original Filing:	
-	(510) 272-6693		e@acgov.org			(Month, Day, Year)
	Function or Event Infor		f E - I The Manager	\$275 ticket/\$35 parking		
	Event Description Football game Date(s) 09			) 01 16	//	
	Horde mercypaneton					
	Ticket(s)/Pass(es) provided by agency? Yes D No M If no: Oaklar			Name of S	ource	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: <u>Chan</u>			, Wilma		
	of agency official?		No 🗌 Yes		Official's Name	(Last, First)
52 ef3	Recipients			مريدة مريدة مريخة مريدة في مريدة	are serve a clame manually	
	Use Section A to identify the agence	y's department o	or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
1	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	wing:
	B. Name of Individu	al		Ceremonial Role	Identify one of the follow	
	<b>B.</b> Name of Individu (Last, First) Elliot, Laura	al	Ticket(s)/ Pass(es)	If checking "Ceremo	Other	Income
	(Last, First)	al	Ticket(s)/	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     Other     Other     describe below     ance at a(n) event     potential County reve	Income [ held at a County facility i enue
	(Last, First)	nization	Ticket(s)/ Pass(es) 3+1park	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Other Country tescribe below ance at a(n) event potential County reve	Income [ held at a County facility i enue Income [
	(Last, First) Elliot, Laura	nization	Ticket(s)/ Pass(es) 3+1park 3+1park 3+1park	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Other Other Contential County reven Other Other County reven Co	Income [ held at a County facility in enue
	(Last, First) Elliot, Laura C. Name of Outside Orga (include address and de	nization	Ticket(s)/ Pass(es) 3+1park 3+1park 3+1park	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Other Other Contential County reven Other Other County reven Co	Income [ held at a County facility in enue
	(Last, First) Elliot, Laura	nization scription)	Ticket(s)/ Pass(es) 3+1park 3+1park 3+1park 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 Other Contential County reven Other Other County reven Co	Income [ held at a County facility in enue Income [
	(Last, First) Elliot, Laura C. Name of Outside Orga (include address and de	nization scription)	Ticket(s)/ Pass(es) 3+1park 3+1park 3+1park 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 potential County reve Other Other Other other blic purpose made pursual	Income [ held at a County facility in enue Income [ nt to the agency's policy

Comment: \_\_

						A Fublic Document
1. Age	ncy Name				Date Stamp	California 802
Alam	neda County					Form 002
Divis	ion, Department, or Reg	ion (If Applicable	e)		-	For Official Use Only
Boar	d of Supervisors					
Desig	gnated Agency Contact	Name, Title)	-			
Sara	ıh Oddie		Amendment (Must provide explanation in Part 3.)			
Area	Code/Phone Number	E-mail				rovide explanation in Part 3.)
(510	) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Fun	ction or Event Infor	mation				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Does	the agency have a ticke	t policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	\$366.00
Even	t Description Drake			Date(s)0	9 , 13 , 16	//////
	·	Provide Title/Exp	lanation			
Ticke	t(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of So.	urce
Wast	ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan		
	gency official?			⊠ ii yes:	Official's Name (I	ast, First)
3. Rec	ipients					
⊜ Use	Section A to identify the agenc	y's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
Α.	Name of Agency, Departmo	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
		-02 <u> </u>	-			
В.	Name of Individu (Last First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Lam	, Marianne			Ceremonial Role If checking "Ceremon	Other D	Income
			4		ance at a(n)… event h potential County rever	eld at a County facility in nue
				Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income
			4			
C.	Name of Outside Organ (include address and dea		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
					an a	
						<u> </u>
4. Veri	fication				* 1-	
l he	A	ີ ວກຣ 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wi	th the requirements.
_			Sarah O	ddie	Supervisor's Assistan	t 09.13.2016
~	Signature of Agency Head or Designed		Print Nan	ne	Title	(Month, Day, Year)

A Public Document

1.	Agency Name				Date Stamp	California QO2
	Alameda County					Form 802
	Division, Department, or Region	(If Applicabl	e)			For Official Use Only
	Board of Supervisors Designated Agency Contact (Nan	ne Title)				
		ne, i me)				
	Sarah Oddie		Amendment (Must provide explanation in Part 3.)			
		mail arab oddio	Boogov ora		Date of Original Filing:	
_			@acgov.org			(Month, Day, Year)
	Function or Event Informa				f Each Ticket/Deec C	\$366
				of Each Ticket/Pass \$ _		
	Event Description Drake Date(s) 09			) <u>14</u> 16	//	
	110		n Stato Warriors			
	Ticket(s)/Pass(es) provided by ag	gency?	Yes 🗌 🛛 No 🛛	If no: Golde	n State Warriors Name of S	ource
	Was ticket distribution made at th	ne hehest	No 🗌 Yes	If yes: Char		
	of agency official?	le beneot		△ IT yes:	Official's Name	(Last, First)
3.	Recipients					
	• Use Section A to identify the agency's d	department or	r unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department of	or Unit		Describe the put	lic purpose made pursuar	nt to the agency's policy
	A. Name of Agency, Department of	or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy
	A. Name of Agency, Department of B. Name of Individual (Last, First)	or Unit	Ticket(s)/	Describe the put	lic purpose made pursuar	
	B. Name of Individual (Last, First)	or Unit	Ticket(s)/ Pass(es)	Describe the put	Identify one of the follow	
	B. Name of Individual	or Unit	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow	wing: Income [
	B. Name of Individual (Last, First)	or Unit	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend	Identify one of the follow	wing: Income [
	B. Name of Individual (Last, First)	or Unit	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role	Identify one of the follow	wing: Income [ held at a County facility i enue
	B. Name of Individual (Last, First) Gomez, Najla	tion	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         1	Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Identify one of the follow         Other         niel Role" or "Other" describe below         ance at a(n) event         potential County rever         Other	wing: Income [ held at a County facility i enue
	B. Name of Individual (Last, First) Gomez, Najla Carbajal, Mia C. Name of Outside Organizat	tion	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         1         1         1         Number of         Ticket(s)/         Pass(es)	Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Identify one of the follow         Other         nial Role" or "Other" describe below         ance at a(n) event         potential County rever         Other         nial Role" or "Other" describe below	wing: Income [ held at a County facility i enue
	B. Name of Individual (Last, First) Gomez, Najla Carbajal, Mia C. Name of Outside Organizat	tion	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         1         1         1         Number of         Ticket(s)/         Pass(es)	Ceremonial Role If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Identify one of the follow         Other         nial Role" or "Other" describe below         ance at a(n) event         potential County rever         Other         nial Role" or "Other" describe below	wing: Income [ held at a County facility i enue

 Sarah Oddie
 Supervisor's Assistant
 08.03.2016

 Print Name
 Title
 (Month, Day, Year)

**A Public Document** 

Sarah Oddie rea Code/Phone Number		e)			California 802 Form 802		
ivision, Department, or Regio Board of Supervisors esignated Agency Contact (// Barah Oddie rea Code/Phone Number		e)			For Official Use Only		
esignated Agency Contact (/ Sarah Oddie rea Code/Phone Number	Name, Title)						
esignated Agency Contact (/ Sarah Oddie rea Code/Phone Number	Name, Title)		a				
rea Code/Phone Number			Designated Agency Contact (Name, Title)				
rea Code/Phone Number		Sarah Oddie					
	E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
010) 212 0000		@acgov.org		Date of Original Filing: _	(Month, Day, Year)		
unction or Event Inform	nation	F - 1					
oes the agency have a ticket	policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	\$366.00		
Event Description Drake Date(s) 09			, 14 , 16	/			
icket(s)/Pass(es) provided by			If no: Golder	n State Warriors	rce		
vas ticket distribution made at	t the behest	No 🗖 Vesi	🛛 📊 If yos. Chan	, Wilma			
of agency official?				Official's Name (La	ast, First)		
		Number of Ticket(s)/ Pass(es)					
Name of Individual (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
					Income 🗌		
					Income		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy		
SoulCiety - 16335 E. 14th Si San Leandro, CA 94578	t.	2					
			To reward a school to the community	or nonprofit organizati	on for its contributions		
	510) 272-6693         unction or Event Inform         oes the agency have a ticket         vent Description Drake         vent Description Drake         cket(s)/Pass(es) provided by         (as ticket distribution made at of agency official?         Recipients         Use Section A to identify the agency         Name of Individua         (Last First)         Name of Outside Organi (include address and desi         SoulCiety - 16335 E. 14th S         SoulCiety - 16335 E. 14th S         SoulCiety - 16335 E. 14th S         Co help underserved youth H         o help underserved youth H	510) 272-6693       sarah.oddie         unction or Event Information         oes the agency have a ticket policy?         Vent Description         Drake         Provide Title/Exp         cket(s)/Pass(es) provided by agency?         Kas ticket distribution made at the behest of agency official?         Recipients         Use Section A to identify the agency's department or         Name of Individual         (Last First)         SoulCiety - 16335 E. 14th St.         SoulCiety - 16335 E. 14th St.         SoulCiety - 16335 E. 14th St.         To help underserved youth have an equal opp. to a life filled w/ purpose	510) 272-6693       sarah.oddie@acgov.org         unction or Event Information         oes the agency have a ticket policy?       Yes ⊠ No         vent Description       Drake         Provide Title/Explanation       Rectify         cket(s)/Pass(es) provided by agency?       Yes □ No         fas ticket distribution made at the behest       No □ Yes         of agency official?       Number of Ticket(s)/         Recipients       Name of Agency, Department or Unit       Number of Ticket(s)/         Name of Agency, Department or Unit       Number of Ticket(s)/       Pass(es)         SoulCiety - 16335 E. 14th St.       2         SoulCiety - 16335 E. 14th St.       2         o help underserved youth have an qual opp. to a life filled w/ purpose       2	sarah.oddie@acgov.org         unction or Event Information         oes the agency have a ticket policy?       Yes INO Face Value of Vest Description         Drake       Date(s)         Provide Title/Explanation       Date(s)         cket(s)/Pass(es) provided by agency?       Yes INO If no: Golder         fas ticket distribution made at the behest of agency official?       No I Yes I If yes: Chan         eccipients       Use Section A to identify the agency's department or unit.       Use Section B to identify an individual individual (Last Firm)         Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the pub         is       Name of individual (Last Firm)       Ceremonial Role if checking "Ceremon         is       Name of Outside Organization (Include address and description)       To promote attenda order to maximize f         coulClety - 16335 E. 14th St. San Leandro, CA 94578       2       To promote attenda order to maximize f         o help underserved youth have an order to maximize f       To reward a school to the community       To reward a school to the community	Si10) 272-6693       sarah.oddle@acgov.org       Date of Original Filing:         unction or Event Information       Description       Face Value of Each Ticket/Pass \$		

#### 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.

,		_	Sarah Oddie	Supervisor's Assistant	09.13.2016
/	Signature of Agency Head or Designee		Print Name	Title	(Month, Day, Year)

**A Public Document** 

1	Agency Name			n yn 24 - yfar wyng w nath fraff traff traff.	Date Stamp	California 000		
	-		Date Stamp	Form 802				
	Alameda County Division, Department, or Regi	ion (If Applicable	-	For Official Use Only				
	binision, beparanent, or regi	ion (ii Applicable	<i>&gt;)</i>					
	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 Inform	mation		10 A K	T*			
	Does the agency have a ticket policy? Yes ⊠ No □ Face Val				of Each Ticket/Pass \$	\$205		
	Event Description Black Sab	bath		Date(s)	), 15, 16	//		
		Provide Title/Exp	Date(s)		······································			
	Ticket(s)/Pass(es) provided by	v agency?	If no: Golde	n State Warriors				
		, , ,	Name of Sou	irce				
	Was ticket distribution made a	at the behest	If yes: Chan	, Wilma				
	of agency official?				Official's Name (L	.ast, First)		
3.	Recipients							
	• Use Section A to identify the agency	y's department or	ual. • Use Section C to ident	ify 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(es)								
			-					
			Number of					
	B. Name of Individua (Last First)	Ticket(s)/		Identify one of the following:				
			Pass(es)	Ceremonial Role	Other	Income		
					nial Role" or "Other" describe below:	income L		
				Ceremonial Role	Other	Income		
				If checking "Ceremor	nial Role" or "Other" describe below:			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy		
	(monado address and des		Pass(es)					
	Alameda County Comm. Food Bank		2			eld at a County facility in		
	7200 Edgewater Dr., Oakla	nd 94621		order to maximize	potential County reven	ue		
	Distributes food to provide 540,000			To reward a schoo	l or nonprofit organizat	ion for its contributions		
	meals/wk to hungry residen			to the community				
A	Verification	1:	1					

#### 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	08.03.2016
~	✓ Signature of Agency Head of Designee		Print Name	Title	(Month, Day, Year)

Comment: .....

A Public Document

1	Agency Name				Date Stamp	California 003
	Alameda County			Form 802		
	Division, Department, or Region	1 (If Applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)				
	Sarah Oddie					
	Area Code/Phone Number E	-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693 s	arah.oddie@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	ation	-1:		ansite and existing the large state	1 1- 1-
	Does the agency have a ticket p	olicy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	\$88
	Event Description Sonu Nigam					
	Event Description	Provide Title/Expla	ination	Date(s)	, 24 , 16	//
	Ticket(s)/Pass(es) provided by a	aconcy?		If no. Golder	n State Warriors	
	nekel(s)/Fass(es) provided by a	agency?	Yes 🗌 No		Name of Sou	irce
	Was ticket distribution made at t	he behest	No 🗌 Yes	If yes: Chan	, Wilma	
	of agency official?				Official's Name (L	ast, First)
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	
					Other     Other     describe below:	Income
				Ceremonial Role If checking "Ceremon	Other D	Income
	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Building Futures for Women & 1395 Bancroft Ave, San Lean		2		ance at a(n) event he potential County reven	eld at a County facility in ue
	Housing & homelessness ser manages a network of DV she					

# 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.

_			Sarah Oddie	Supervisor's Assistant	08.03.2016
$\checkmark$	Signature of Agency Head or Designee	_	Print Name	Title	(Month, Day, Year)

A Public Document

1. Agency Name			1	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)			4	
Sarah Oddie					
Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acdov.ord		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Info		= =	1		(Month, Day, Year)
Does the agency have a tic		Yes 🔀 No	En Eace Value o	of Each Ticket/Pass \$	\$88
Event Description <u>Sonu Ni</u>	Provide Title/Expl	In Live lanation	Date(s)	) <u>22 16</u>	///
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Golde	n State Warriors	
	sy agonoy.			Name of Sou	irce
Was ticket distribution made	e at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
of agency official?			,	Official's Name (L	ast, First)
A. Name of Agency, Depart		Ticket(s)/ Pass(es)		olic purpose made pursuant	to the agency's policy
B. Name of Individ (Last, First)	dual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		F 435(63)	Ceremonial Role If checking "Ceremor	Other D ial Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremor	Other D nial Role" or "Other" describe below:	Income [
	C. Name of Outside Organization (include address and description)		Describe the put	olic purpose made pursuant	to the agency's policy
Narika PO Box 7779, Berkeley C	A 94707	2		ance at a(n) event he potential County reven	eld at a County facility in ue
Domestic violence shelte Asian women	r for South				

#### 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	08.03.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

1.	Agency Name			<u></u>	Date Stamp	California 802
	Alameda County			Form 002		
	Division, Department, or Reg	ion (If Applicabl		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		@acgov.org		Date of Original Filing:	Manth Day Yoad
2	Function or Event Infor				, <u>,</u> , , , , , , , , , , , , , , , , ,	
					of Each Ticket/Pass \$	\$32
	Event Description Baseball game Date(s) 09					//
	Ticket(a)/Deea(ea) provided b			Ist If no: Oaklai	nd A's	
	Ticket(s)/Pass(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 (L	ast, First)
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the following	ng:
		-	Pass(es)	Ceremonial Role	Other	Income
	Perrott, Curtis				hial Role" or "Other" describe below:	income L
	Ŧ		2		ance at a(n) event he potential County reven	eld at a County facility in ue
			2		Other describe below:	Income [
	C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursuant	to the agency's policy

#### 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.

	Sarah Oddie	Supervisor's Assistant	08.31.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:	<u> </u>		