		skeut ass		8	_ A Public Documen
I. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Reg	tion (if Applicabl	(a)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Tille)	· · · · · · · · · · · · · · · · · · ·		1	
Lee Ann Fergerson, Superv	lsor's Assista	int			rovide explenation in Port 3.)
Area Code/Phone Number	E-mail				•
(510) 272-6691	-	erson@acgo	v.org	Date of Original Filing:	(Manth, Day, Year)
. Function or Event infor					2.00 2/1000
Does the agency have a ticke	· •	Yes 🗌 No		of Each Ticket/Pass \$ _	10001000
Event Description	Provida Title/Exp	Incollege	Date(s) 12	-,30,14	4,4,17
n B Takoko (Deerdee) een deed b			_ G	Sul	
Ticket(s)/Pass(es) provided b	y agency?	Yes 🔯 🛛 No		Name of So	urce
Was ticket distribution made a	at the behest	No 🗖 Yes	Alaj		Isor Scott Haggerty, D
of agency official?	<u> </u>			Official's Name (i	Last, First)
Recipients					
Use Section A to identify the agence	y's department or	unit. • Use Sec	ction B to identify an individu	Ioi. • Use Section G to Iden interference of the Iden	lify an outside organization.
A. Name of Agenty, Denaring	inionUnit	T(68019) 4 - Post(65)	Line of the pub	la. • Cso social C to iden	to the agency's polloy
A service of the first service service service services and the services and the services and the service services and the services	- manager	-Strandorsen - Strand		<u></u>	and the second of the second
			e		1
B. A Nameoureiven		Number of TEXONO		lidefully one of thefollow	
<u>al els anno accontectores de la constante de </u>	TOTAL TRANSF.		Ceremonial Role	· · · · · · · · · · · · · · · · · · ·	
				ial Rolo" or "Other" describe below:	indonio E
· · · · · · · · · · · · · · · · · · ·	<u> </u>				
				al Rois" or "Other" describe below:	incoma L
	3202		¥ .		
				A state of the sta	
C. Neme of Outside Orner Include address and des		 Númberzők T(CK-US)/ 	Describe Yo pub	le purpose mada purovant	tothe agency sincilay
	and a second state of the				
FIRST Street A	ile touse	4/4		iool or non-protit or is to the community	-
• • •				is to the community	
1.700	Parking	No 1			
Verification		14			
- AUTINERAL -	18944.1 and	: 18942. h avo ve	rified that the disbibution set fo	orth abova, is in accordance wit	h the requirements.
		Lee Ann Fer	gerson	Supervisor's Assistant	10/14/110
Signature of Agancy Hazd or Designee		PAnt Nemi		Tito	(Month, Day, Year)
Comment: Rooms of	Hope	2016 -	Raising fu	ids for a D	year old
	A . A .		11		FPPC Form 802 (4/12
voy who was	arage	wed w	th	FPPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772
Leifema.	-				

Ceremonial Role Ever	its and Ti	cket/Pass	Distributions	10	A Public Document
. Agency Name				Date Stamp	California 802
Alameda County					i citti
Division, Department, or Reg	ion (If Applicat	ole)			For Official Use Only
Board of Supervisors	240				
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Superv	visor's Assista	ant		Amondmont (Atua)	provide explanation in Part 3.}
Area Code/Phone Number	E-mail				
(510) 272-6691		erson@acgov	.org	Date of Original Filing	(Month, Day, Year)
Function or Event Infor					1217)
Does the agency have a ticke	t policy?	Yes 💹 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$ _	1,550
Event Description	<u>nors</u>	- 10 0 / 10	Date(s)	, 25, (le	//////
<u>81</u>	Provide Title/Exp -	·	(26	5W/	
Ticket(s)/Pass(es) provided by	y agency?	Yes 💹 No [-	Name of S	ource
Was ticket distribution made a	t the behest	No 🗋 Yes 🚺	Alar If yes:	neda County Super	visor Scott Haggerty, D 1
of agency official?				Official's Name	(Lest, First)
Recipients					
• Use Section A to Identify the agency	's department or	and the second se			
A. Name of Agency, Departme	nit on Unit	Number of Strikers (Strikers)	Describe the pub	jc;purpose made pursuan	t to the agency's policy
TE LASTE MUSIC (MEMORY), POMARINE	and he constitutes				
B. Name of Individua		Number of Ticket(s)/ Rase(os)		Identify one of the follow	Ing.
		Pass(os)	部。許是即國國語之意。有主		
<u> </u>	·				
			Ceremonial Role	Other D	Income
	5		a concernity derenance		
C. Name of Outside Organi	zation	• Númber of Ticket(s)/	Describa inatubl	c purpose made pursuant	to the apance's notice
(Include address) and desc	nption)	Pass(es).			
S.A.V.La		20/11		r nonprofit organization	for
Safe A Hernatives t	o violent	<u>+ '7</u>	Its contributions to th	e community.	1
environments	0		1	-	
1900 Marry Ave.	Ste 201	tremon	+, cA 945:	36	
Verification	18044 d pad	(18042 house work	ad that the distribution set for	1h ebove, is in accordance wit	h the maximments
					int its
Signature of Agency Head or Designeo	i	Lee Ann Ferge Print Name		iupervisor's Assistant	(Month, Day, Year)
	8	1 1 1 1	and Par da	1 0 -	
Comment: ta a tund	varser	to help	LAISE FUNDS	to cave for 1	vomen = childr
by providi	ng Shel-	ter, cour	uselings #	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)
other need	is and e	25 cape +	heir chinent	PPC Toll-Free Helpline: 8 F abusive S	ituations

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Cere	monial Role Ever	nts and Tic	ket/Pass	Distributions	88	A Public Document
1. Ag	ency Name				Date Stamp	California 802
	meda County					i caun
Divi	sion, Department, or Reg	ion (if Applicabl	e)			For Official Use Only
Boa	ard of Supervisors					
Des	Ignated Agency Contact	(Name, Title)		······································	1	
Lee	Ann Fergerson, Super	/isor's Assista				
	a Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	0) 272-6691	leeann.ferge	erson@acgo\	/.org	Date of Original Filing:	(Month, Day, Year)
2. Fu	nction or Event Infor	mation		······································		1750
Doe	s the agency have a ticke	et policy?	Yes 💼 No 🛛	Face Value	of Each Ticket/Pass \$ _	615.0
Evo	nt Description War	iors/3	Portlai	nd Date(s) 1	2, 21, 16	1 1
C.V01		Provide Title/Expl	anation	Date(s)	$\left(\left(\right) \right)$	·
Tick	et(s)/Pass(es) provided b	y agency?	Yes 😥 No [GSW	
					Name of So Meda County Superv	visor Scott Haggerty, D 1
	ticket distribution made a agency official?	at the behest	No 🗋 Yes 🖡	If yes:	Officiel's Neme (
	Sipients Section A to Identify the agenc	v's department or	unit e Heo Sert	ion B to identify an individ	a i iso Section C to iden	tifu az autotda avranization
A.	Namerof Agency, Departm		Number of	-	lic.pupose made pursuant	
- A	Name of Agency, Departme		Tickot(s)/ (Pass(es)	Lescripe ine pui	lic:purpose made/pursuant	to the agency's policy.
	<u>ne - 1 - Print Applikation in Brandshiri (1997)</u>	CONTRACTOR AND A CONTRACTOR OF A	CONTRACTORIAL CONTRACTOR	alladealart, 6246-1999) oli 🦿 🦓 🦗	n an an an an ann an an an an an an an a	an na shekara ka kasara ka sina ka ka ta
					λi.	
В.	Name Of Individua		Number of		Identify one of the follow	
			Pass(os)			
A.	$\wedge 1$	2.4	$\left \left \left \right \right\rangle$		ance at a county sponsore ial county revenue for co	
J	Neyan L	NUS	T/	parking sales.		
•						x.
	0		/	Ceremonial Role	Other	Income
		2+5		li checking "Ceremon	ial Role" or "Other" describe below:	
. Rinara			Number of	STRATED FOR MALEMENT CONTRA	undan se canster o mane e cultar	ener in mediatalenden die die straten in ande
C .	Name of Outside Organ	zation cription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
<u>و آمر به</u>			4111년(19년 25년) 1111년(19년2년) 1111년(19년2년)	<u>un införsionnunssennungssen um</u>	a ana ang kanang kang kang kang kang kan	
-	•				~	
	,					
	£1 41					
4. Veri	fication	-" 18944 1 and	18942. have veri	fied that the distribution set fr	orth above, is in accordance will	the requirements
					Supervisor's Assistant	10/20/Wm
$\overline{\nabla}$	Signature of Agency Head or Designeo		ee Ann Ferg		Title	(Molih, Day, rear)
Com	meпt:					
						EPPC Form 802 (4/12)

Ceremonial Role Eve	nts and Ti	cket/Pass	Distributions	•	A Public Documen
I. Agency Name				Date Stamp	California 802
Alameda County					Form
Division, Department, or Re	gion (If Applicab	le)			For Official Use Only
Board of Supervisors	<u>×</u>				
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Super	visor's Assista	ant		Amondmont (Mart	provide explanation in Part 3.)
Area Code/Phone Number	E-mail	·····			provide explanation in Part 3.)
(510) 272-6691		erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event info					5(5)
Does the agency have a tick	et policy?	Yes 🜌 No	Face Value o	of Each Ticket/Pass \$ _	25.20
Event Description D12	ONI	<u>CE</u>	Date(s) 10	, 28, 16	///////
3	Provida Title/Exp	lanațion	G	e ()	
Ticket(s)/Pass(es) provided t	y agency?	Yes 🙋 No		Nama of Sc	21000
Was ticket distribution made	at the behavit		Ala;	meda County Superv	/isor Scott Haggerty, D :
of agency official?	at the periest	No 🗖 Yes	1 if yes:	Official's Name	
Recipients					· · · · · · · · · · · · · · · · · · ·
Use Section A to Identify the agend	y's department or	unit. • Use Ser	tion B to identify an Individu	al. • Use Section C to iden	tlfy an outside organization.
A. Namerof/Agency, Deparin	entonUnit	Number of Tickotis/	Describe the pub	C purpose made pursuan	to the agency's policy
		Pass(es)			
ťa					
B. Name of Individu		Number of Ticket(s)/ Pass(os):		identity one of the follow	ng :
Tranle		-11	To promote attenda	ance at a county sponsor	ed event in order 🛛 🗤 🗖
IT ATT LU		4		ial county revenue for co	ncession and
			parking sales.		
			Ceremonial Role [Other al Role ⁻ or "Other" describe below:	Income
	2				
C. Name of Outside Organ	zation	Number of ficket(s)/ Pass(gs)	Describe the run	c purpose mada pursuant	
1. (Include address) and des	cription),	Pase(es)			
• •					
it.				•	
Verification					
· F	, 1944.1 and	18942. I have ver	ified that the distribution set for	th above, is in accordance will	h the requirements.
	I	ee Ann Ferg	gerson S	upervisor's Assistant	10/25/15
andrinationa of Milloney Landa of manifular		Print Neme		Title	(Mpnth, Day, Year)
					((
Comment:				<u> </u>	EPPC Form 802 (4/12)

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

	ceremonial Role Events and Ticket/Pass Distribut	AT ubito Booument
1	. Agency Name	Date Slamp California 802
	Alameda County	
	Division, Department, or Region (if Applicable)	For Official Use Only
	Board of Supervisors	
	Designated Agency Contact (Name, Tille)	
	Lee Ann Fergerson, Supervisor's Assistant	
	Area Code/Phone Number [E-mail	Amendment (Musi provide explanation in Part 3.)
	(510) 272-6691 leeann.fergerson@acgov.org	Date of Original Filing:
2	. Function or Event Information	(Month, Day, Yeer)
-		e Value of Each Ticket/Pass \$
	Event Description	$a(s) \frac{10}{20}, \frac{20}{4}, \frac{10}{4}, \frac{20}{4}, \frac{10}{4}, \frac{10}{4}$
	Ticket(s)/Pass(es) provided by agency? Yes 2 No I If no	GAW
		Name of Source
	Was ticket distribution made at the behest No 🖂 Yes 💭 If yes	Alameda County Supervisor Scott Haggerty, D 1
	of agency official?	्राह्यदेखा शिव्या (Lest, First)
3	Recipients	
	Use Section A to identify the agency's department or unit. Use Section B to identify the agency's department or unit. Use Section B to identify the agency's department or unit.	an Individual. • Use Section C to identify an outside organization.
	A. Name of Anenny, Department on Unit for the Manager (Department on Unit for the Manager)	eacte public purpose made pursuant to the signicy's policy.
	VIGNOT Z evemplar	rd a County employee for his or her
	exempla	ry service to the public or to encourage
		copilient
	B None pludiveral	
		Ident fivore of the following:
		gnilal Role Diher Dincome Income Dincome
	U CRUERN	ng Geramorual Koko or Ginar eesenda balaw:
	Ceremo	onlet Rola 🔲 Other 🔲 incoma 🗋
	ii choşti	ing "Cammonial Rolo" or "Other" describe below:
	The second state of the State of the State of the second state of the	
	C: Minisciouside Creanization	a naputilicipul pose mada pursuant to the second collocy
		and and the second of the second s
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
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4.	Verification	bution set forth ebove, is in eccordance with the requirements.
1		10/2T/VI
	Signature of Agenesy Held or Dosignee Print Name	Supervisor's Assistant
		humming and facts

Comment: ____

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2	eremoniai Role Even		kerPass	DISTRIBUTIONS	•	A Public Document
1.	Agency Name		أساديون مستخلفات		Date Stamp	California 802
	Alameda County					Tonut
	Division, Department, or Reg	ion (if Applicable	3)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Tille)				
	Lee Ann Fergerson, Superv	lsor's Assista	nt		Amandmant (Must-	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				ючий ахріаницой ін Рон З.)
-	(510) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing: .	(Manih, Day, Year)
2.	Function or Event infor					1125,00
	Does the agency have a ticke	10	Yes 🕢 No	Face Value o	f Each Ticket/Pass \$	101100
		1005 / K Provida Jille/Expl	analibn	Date(s)	128, 6	
	Tickel(s)/Pass(es) provided by	y agency?	Yes 🖾 No	🛛 If no: 🥑	Name of Sol	1220
	Was ticket distribution made a	it the behest	No 🗖 Yes	Alar M Ifves:	neda County Superv	isor Scott Haggerty, D 1
	of agency official?			2 If yes:	Officiel's Name (L	.est, First)
3.	Recipients					
	Use Section A to Identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	at Use Section C to Ident	lfy an outside organization.
	A. Namooracenty Departme		Tickous) Rass(65)	(Describence pub	le puppae madelpurauent	to the sconcy a polloy
				To reward a coun	ity employee for his	·····
				exemplary service		
			I ANUMBEROU.		In the second second second	
					intentify one of the follow	
				Caremonial Role	Other	Income 🛄
				If checking "Caremonia	al Role" or "Other" describe below:	
				•••••••••••••••••••••••••••••••••••••••	Other	incoma 🗖
		(a. 1		il checking "Caramonia	si Rois" ar "Other" describe below:	*.
	C	出的形式的	Number 65			
	C. Nume of Cuteries and dec	And the state of t	Numberdő Trekelis)/ Ress(eg)		iç, purpose mite purcuant	
	Teamsters Loca	21 856	41.		hool or non-profit o	-
				it's contributio	ns to the communit	y
	453 · San Matco A					
	San Bruno CA 9	4066				· · · · · · · · · · · · · · · · · · ·
4.	Verification	s 18944.1 and	18942. I have ve	Infied that the disbibution set fo	nth abova, is in accordance will	h lhe requiraments,
			Lee Ann Fer		Supervisor's Assistant	ninell
	Signature of Agency Hand or Dosignad		Print Nem		Tito	(Month, Day, Yoar)
	Comment Raffle fo	r solid	arituf	rend & hav	rdShip flue	2
						FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)
					-	•

C	eremonial Role Even	ts and Tie	cket/Pass	s Distributions		A Public Documen
1	. Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	Ion (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)		······································		
	Lee Ann Fergerson, Superv	isor's Assista	int			
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferg	erson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation		· · · · · · · · · · · · · · · · · · ·		
	Does the agency have a ticke	t policy?	Yes 🚺 No	Face Value o	f Each Ticket/Pass \$ _	1,000
	Event Description	MIR	Ŝ	Date(s)	,28,16	1 1
		Provide Title/Exp	lanalion		<u>CI</u>	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🙆 No	If no:	Name of Sc	1156A
	Was ticket distribution made a	t the hohost		Alar	neda County Super	/isor Scott Haggerty, D 1
	of agency official?	it the benesi	No 🗖 Yes	if yes:	Officiel's Name (
3	Recipients					
	• Use Section A to Identify the agency		unit. • Use Se			
	A. Name of Agency, Departme	nt on Unit	Number of Tickous/	Describethe pub	c purpose made pursuan	to the agency's policy
			(Pase(es)			
	÷					
			Number of .			
	B. Nameofindividura		Number of . Ticket(s)/ Pase(os):		Identify one of therfollow	ng:
					999	ne 🗌
					23	20
				Ceremonial Role	Other	Income 🔲
					al Role" or "Other" describe below:	
	n en anna a sharinga a trachtar a ga trachtar an	i con initiation, en com	(a statements and the grate of a regulation	hillin waaren waten aanto et alliad	ให้หนาก ก องสถิมสมมณฑ ์ จังธุรการการส่วน
	C. Name of Outside Organ	zation ription)	Number of Ticket(s) Pass(es)	Describe the publ	icipurpose made pursuant	to the sgency's policy
۲	 A set of a state of the state o	AND REPORTED AND AND AND AND AND AND AND AND AND AN				
		ivermore	14	Its contributions to the	 nonprofit organization f community. 	01
		IVC/ MOLC		+		
I	CA, 94550					
A	Verification					
47 .		1944.1 and	18942. I have ve	enfied that the distribution set fo	rth above, is in accordance wit	h the requirements.
			Lee Ann Fer	rgerson S	Supervisor's Assistant	10/25/16
1	Signature of Agency Head pr Dosogoo		Print Nam	And a second sec	Title	(Mortin, Day, Year)
	Comment: Preserve1	land, (phylect	-Communitie	starich lif	د
	Auction (tem	fort	Fund	rouser, F	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

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in the second	eremonial Role Even	its and Tic	ket/Pass	Distributions	x	A Public Document
1	Agency Name				Date Stamp	California 802
	Alameda County					i cimi
	Division, Department, or Reg	lon (If Applicable	1	For Olficial Uso Only		
	Board of Supervisors					
	Designated Agency Contact	(Nama, Tilla)	1			
	Lee Ann Fergerson, Super-	/Isor's Assista				
	Area Code/Phone Number	E-mail		orovido explanation in Part 3.)		
	(510) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor					1.000
	Does the agency have a ticke	at policy?	Yes 🖾 No	Face Value o	of Each Ticket/Pass \$ _	<u> </u>
	Event Description	mors/	Phoeni	× SUBAte(s)	1,13,10	
		Provide Title/Expl	lanațion	G	Sal	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🚺 No	📋 if no:	Name of St	1059
	Was ticket distribution made a	at the behast	N	Ala;	meda County Super	/isor Scott Haggerty, D 1
	of agency official?		No 🔲 Yes	🕅 lf yes:	Officiel's Name	
3.	Recipients			36		
_	• Use Section A to identify the agenc	y's department or	unit. 🔹 Use Se	ction B to identify an individu	ni. • Use Section C to iden	tliy an outside organization.
	A. Name of Agency, Departing	nionUnit	Number of	Describeline pub	Chalboad Inside Charlett	to the agency's policy
			(in in in iteration in iteratio			
	*					
			-Mumbariot Titlekallar Titlekallar		identify one of the follow	
				Caremonial Role		income 🔲
				li checking "Coromon	ial Role" or "Other" describe below:	
		· · · · · · · · · · · · · · · · · · ·		Ceremonial Role	Other 🖸	incoma 🔲
		(2))		il checking "Common	al fiele" or "Other" describe below;	
			- MARTINE ARE		daleh yaariinsee Camuu walke	ern - A fastenerationa e status sere
	Name of Cutaide Organ	ization cripulon/s-t	Number of	Descripe the pub	insueruciebem esocrucijali	to the egency e polloy
	Tri-City Eden	Coolid		ante appendiambancostation et co	4	
	and a coping	> Juni	101	To Reward a schoo Its contributions to	l or nonprofit organization	on for
	2200 Canded A	. 10			της ευνατισήτες.	
	Soulapital A	1624	4			
4.	Verification					
		: 18944.1 and	i 18942. J have ve	anfied that the distribution set fo	orth ebove, is in eccordence wi	Ih the requirements,
			Lee Ann Féi	garson	Supervisor's Assistan	1 10/25/16
	Signature of Agancy Hast or Designed	\wedge	Print Nam	10	Title	(Month, Qay, Yosr)
	Comment: To raise	tund	is tor	nometro	ound sen	LOIS
						FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (868/275-7772)

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eremonial Role Eve	nts and Ti	cket/Pass	Distributions		A Public Document
Agency Name	<u> </u>			Date Stamp	California 802
Alameda County					A CARMEN
Division, Department, or Re	gion (If Applicat	bie)			For Official Use Only
Board of Supervisors		2 2			
Designated Agency Contac	t (Name, Tille)		1		
Lee Ann Fergerson, Supe	rvisor's A s sist	Amendment (Must	provide explanation in Part 3.)		
Area Code/Phone Number	E-mail				
(510) 272-6691	leeann.ferg	jerson@acgo	v.org	Date of Original Filing	(Month, Day, Year)
Function or Event info	rmation				55.57
Does the agency have a tick	ret policy?	Yes 🐼 No	Face Value of	of Each Ticket/Pass \$.	1130
Event Description	Sneer	mice	Date(s)	0/21/10	
	Provide Tille/Ex	planation	G		
Ticket(s)/Pass(es) provided	by agency?	Yes 🔯 🛛 No		Name of S	ource
Was ticket distribution made	ot the hehest	N- 171 May	Ala		visor Scott Haggerty, D.1
of agency official?	al the period	No 🖸 Yes	If yes:	Official's Nama	
Recipients					
. Use Section A to identify the age	icy's department c	r unit. 🔹 Use Se	ction B to identify an Individ	ual. • Use Section C to Idea	ntify an outside organization.
A. Name of Agency, Depart	nent on Unit	Number of	Describe the put	lic purpose made pursuan	t to the agency's policy
2011年7月1月1日日日		Raste(es)			
新					
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			parking sales.		Incession and
			Ceremonial Role	Other 🖸	Income
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C. Name of Outside Orga		r Number of Ticket(s) Pose(er)	Describe the pub	lic purpose mada pursuan	to the agency's policy
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civernar va	-COUNT	4		to the community.	
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	8944.1 an		rified that the distribution set fo		1011
V Signature of Aganty Healt on Davigna		Lee Ann Fer	and a second sec	Supervisor's Assistant	(Month, Day, Year)
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FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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Ceremonial Role Events and	Ticket/Pass Distributi	ions 💦	A Public Document		
1. Agency Name	9.52	Date Stamp	California 802		
Alameda County			Form OUZ For Official Use Only		
Division, Department, or Region (If Appli	rision, Department, or Region (If Applicable)				
Board of Supervisors	Board of Supervisors				
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Ass	Lee Ann Fergerson, Supervisor's Assistant				
Area Code/Phone Number E-mail	<u> </u>		st provide explanation in Part 3.)		
(510) 272-6691 leeann.fe	ergerson@acgov.org	Date of Original Filin	ig:(Month, Day, Year)		
2. Function or Event Information Does the agency have a ticket policy? Event Description	(s) - 9/7/16	27,00			
Ticket(s)/Pass(es) provided by agency?	icket(s)/Pass(es) provided by agency? Yes 🖾 No 🔲 If no:				
Was ticket distribution made at the behe of agency official?	st No 🖸 Yes 🍘 🛛 If yes	2'	ervisor Scott Haggerty, D 1		
 Recipients Use Section A to Identify the agency's department 	t as unit line Section B to Mentify:	an Individual - a Lizo Section C to In	tentify an outside organization		
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	Number of Torousty Rase(co)		<u>EC Lense Exploration Science</u>		
	1 1 1	e attendance at a county spons re potential county revenue for es.			
		nial Role Other D	income		
e					
C. Name of Outside Organization (Numberöf Tisket(s)/ Pass(es)	unepublic purpose made pursue	int to the sgency's policy		
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School dist.		ан алан алан алан алан алан алан алан а			
Vaul6ian4ian -55	I Jack London	BI. LIVENMORE ution set forth ebove, is in accordance	CA 94551 with the requirements.		
	Lee Ann Fergerson	Supervisor's Assista	1011		
 Seguestions of Agency Local of Local and Lo	Print Name	Title	(Micnift, Day, Year)		
Comment:	and a wood				

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

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Ceremonial Role Events and Ticket/Pass Distributions	*	A Public Document
1. Agency Name	Date Stamp	California 802
Alameda County		i chini
Division, Department, or Region (If Applicable)		For Official Use Only
Board of Supervisors		
Designated Agency Contact (Name, Title)	-	
Lee Ann Fergerson, Supervisor's Assistant		
Area Code/Phone Number E-mail	Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6691 leeann.fergerson@acgov.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information		1,000
Does the agency have a ticket policy? Yes M No Face Value	of Each Ticket/Pass \$	1000
Event Description Wayner Date(s) Date(s)	LISIQ.	
Provide Title/Explanation	FRID	
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	meda County Supervis	
of agency official?	Officiel's Name (La	st, Firsi)
. Recipients		
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A. Name of Agency, Dapariment or Unit	lic purpose made pursuant t	o the agency's policy
A CARACTER AND A CONTRACTOR AND A CONTRACT		onite doublider a provinsion.
S Numberion		
B. Nameorindividual:	identify one of therfollowing	
To promote attend	ance at a county sponsored	event in order 🛛 💼 🛄
	tial county revenue for conc	cession and
parking sales.		
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C. Name of Outside Organization Ticket(s) Describe the plb	lic purpose made pursuant to	the agency's policy
	ol or non-profit organ to the community.	
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Varification ACT Fullade Landon RU	NRIM POP CI	GUECI
B944.1 and 18942. I have verified that the distribution set for	orth above, is in accordance with th	he requirements.
Lee Ann Fergerson	Supervisor's Assistant	10/25/1
Signature of Agency Head or Dosignoo Print Name	Title	(Month, Day, Year)
Comment:		

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Ceremonial Role Event	s and Tic	:ket/Pass	Distributions		A Public Document
I. Agency Name		Date Stamp	California 802		
Alameda County					Form
Division, Department, or Regio	n (If Applicabl	-	For Official Use Only		
Board of Supervisors					
Designated Agency Contact (N	ame, Title)				
Lee Ann Fergerson, Supervis	or's Assista	Amendment (Must	provide explanation in Part 3.)		
Area Code/Phone Number	-mail				
		erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform					29 F
Does the agency have a ticket		Yes 🗋 No	Face value	of Each Ticket/Pass \$ _	
Event Description	Provide Title/Expl	lanetion	Date(s)	S, O, O	
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Hickel(s)/Pass(es) provided by	agency	Yes		Name of Se	ource
Was ticket distribution made at	the behest	No 🗖 Yes	Ald If yes:	and the second se	visor Scott Haggerty, D 1
of agency official?				Ófficial's Name ((Last, Firsi)
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A. Name of Agency, Department		Number of		lic. • • • • • • • • • • • • • • • • • • •	
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B. Name of Incividual		Numberoff Tickousi/ Pristosi		Identity one of theffollow	hg:
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Bulman	•		10		
		<u> </u>	Ceremonial Role	Other	Income
	52		lf checking "Ceremon	lal Role" or "Other" describe below:	
Name of Outside Ornaniza		Number of Ticket(a)/			
C. Name of Outside Organiza	pilon)	Ticket(e)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
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Verification			2) 21		
				orth above, is in accordance wil	in low in
Signature of Assade Mandan tandan	L	ee Ann Ferg		Supervisor's Assistant	
Signature of Agency Head or Dosignoo		enn ciama	T	1740	(Mojilh, Day, Yea)
Comment:					

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Area Code/Phone Number E-mail	Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number E-mail		1 onth
Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number E-mail		For Unitral Use Uniy
Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number E-mail		
Lee Ann Fergerson, Supervisor's Assistant	-	
Area Code/Phone Number E-mail	•	1
Area Code/Phone Number E-mail	1 B	
(510) 272-6691 leeann.fergerson@acgov.org D	j Amendment (Must pr	ovide explanation in Part 3.)
	ate of Original Filing: _	(Month, Day, Year)
Function or Event Information		26.20
Does the agency have a ticket policy? Yes No 🗆 Face Value of Ea	ich Ticket/Pass \$	autice
Event Description Amy Schumer Date(s) 0	20, 16	//
Provide Title/Explanațion	<11)	
Ticket(s)/Pass(es) provided by agency? Yes P No 🛛 If no:	Nama of Soul	rca
Alamec Nas ticket distribution made at the behest No 🗋 Yes 🕼 If yes:	la County Supervis	sor Scott Haggerty, D
of agency official?	Official's Name (Le	
Recipients		
Use Section A to identify the agency's department or unit. • Use Section B to identify an individual.		
A. Name of Agency Department on Unit	irpose made pursuant t	o the agency's policy.
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B. Name of Adjustical Adjustica Adjustical Adjustical Adjustical Adjustical Adjustical Adjustical Adjustical Adjustical Adjustical Adjustical Ad	ntify one of the followin	9;
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Don'ta Bryan 4 to maximize potential co	ounty revenue for con	cession and
parking sales.		
Ceremonial Rote	Other	
if chocking "Ceremonial Role		Income
Name of Outside Organization	ipõse mada puravant iz) the agency's policy
1. Unclude address and gescription,		物物和社会等理解是主要。
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erification 18944.1 and 18942. I have verified that the distribution set forth ab	ove, is in accomiance with (lhe requirements
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	SI VISULS ASSISTANT	(1 - 2) = (1 - 1)
Signature of Agency Head or Designee Print Name Supe	Title	(Month, Day, Year)

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	C	Ceremonial Role Events and Tic	ket/Pas	s Distributions	•	A Public Document
Allemedial County For Other (I/Applicable) Board of Supervisors Besignated Agency Contact (Nome, 766) Besignated Agency Contact (Nome, 766) Image: Contact (Nome, 766) Lee Ann Fergerson, Supervisor's Assistant Image: Contact (Nome, 766) Area Code/None Number E-mail Iconticion or Event Information Does the agency have a ticket policy? Does the agency have a ticket policy? Yes (D) No Event Description Provide Traceponention Memory Safety (Soft Traceponention) Provide Traceponention Wes ticket distribution made at the behest No Yes (Soft) France If yes: Anneod Sagency Row at the behest no Yes (P) No Recipients Image: Control (Control (Contro (Control (Control (Control (Control (Control (Contro (Control (C	1	. Agency Name			Date Stamp	California 802
Board of Supervisors Board of Supervisor's Assistant Beignated Agency Confact (Name 786) Leo Ann Fergerson, Supervisor's Assistant Area Code/Phone Number E-mail Deagn of Fergerson, Supervisor's Assistant C Function or Event Information Does the agency have a ticket policy? Yes D No Event Description Provide the Explanation Ticket(s)/Pass(es) provided by agency? Yes D No Provide The Explanation Ticket(s)/Pass(es) provided by agency? Yes D No Provide The Explanation Ticket(s)/Pass(es) provided by agency? Yes D No Provide The Explanation Ticket(s)/Pass(es) provided by agency? Yes D No Alameda County Supervisor's Cott Haggerty, D 1 Official? Recipients Anameda at the behest No Yes D Alameda County Supervisor's Cott Haggerty, D 1 Official? Recipients Asseed Training, Dipantigetfor Oph To promote attendance at a county sponsored event in order Asseed Training, Dipantigetfor Oph To promote attendance at a county sponsored event in order Asseed Training, Dipantigetfor Oph To promote attendance at a county sponsored event in order Asseed Training, Dipantigetfor Oph To promote attendance at a county sponsored event in order Asseed Training Distribution Asseed Trainin		Alameda County				Form OUZ
Besignated Agency Contact (Nome, 7/80) Lee Ann Forgerson, Supervisor's Assistant Area Code/Phone Number E-mail [e-ann.fergerson@acgov.org Area Code/Phone Number [fill or 27-2681 [doorth Day, Yoar) Provide Think-splanetee Tacket(s)/Pass(es) provided by agency? Yes D No Provide Think-splanetee Tacket(s)/Pass(es) provided by agency? Yes D No Ves D Tacket(s)/Pass(es) provided by agency? Yes D No Ves D Tacket(s)/Pass(es) provided by agency? Yes D No Ves D Tacket(s)/Pass(es) provided by agency? Yes D No Yes Ves No Ves Ves Tacket(s)/Pass(es) provided by agency? Yes No Ves Ves Tacket(s)/Pass(es) provided by agency? Yes No Ves Ves Ves No Ves Ves Ves No Ves		Division, Department, or Region (If Applicable		For Official Use Only		
Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number E-mail leann.fergerson@acgov.org 2. Function or Event Information Does the agency have a ticket policy? 2. Function or Event Information Does the agency have a ticket policy? 2. Function or Event Information Does the agency have a ticket policy? 2. Function or Event Information Does the agency have a ticket policy? 2. Function or Event Information Does the agency have a ticket policy? 2. Function or Event Information Does the agency have a ticket policy? 2. Function or Event Information Does the agency have a ticket policy? 2. Function or Event Information Does the agency have a ticket policy? 2. Function or Event Information Does the agency have a ticket policy? 2. Function or Event Information Does the agency have a ticket policy? 2. Function or Event Information Does the agency have a ticket policy? 2. Function or Event Information Does the agency have a ticket policy? 2. Function or Event Information Does the agency have a ticket policy? 3. Recipients - Lee Section B to Identify an Inforduat Use Section C to Identify an outple or policy Comment: - Use Ann Fergerson December 2. Function C. Allense of Counce Annotation for the agency have a ticket policy? - Comment:						
Area Code/Phone Number E-mail [ceann.fergerson@acgov.org]] Area Code/Phone Number [ceann.fergerson@acgov.org]] Date of Original Filing:		Designated Agency Contact (Name, Title)				
Area CoderPrione Number E-mail learn.fergerson@acgov.org Date of Original Filing:		- •	Amendment (Must a	myide exploration in Part 3		
C Function or Event Information Does the agency have a ticket policy? Yes D No Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes D No Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes D No Yes D No No Yes D No No Yes D No If no:						
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Was licket distribution made at the behast of agency official? No I Yes I if yes: Alameda County Supervisor Scott Haggerty, D.1 Official? Nome (Last, Fing) 3. Recipients • Use Section A to identify the agency's department or snit. • Use Section B to Identify an individual. • Use Section C to Identify an oxfolde organization. A. Nameofragency, biparitment or snit. • Use Section B to Identify an individual. • Use Section C to Identify an oxfolde organization. A. Nameofragency, biparitment or snit. • Use Section B to Identify an individual. • Use Section C to Identify an oxfolde organization. A. Nameofragency, biparitment or snit. • Use Section B to Identify an individual. • Use Section C to Identify an oxfolde organization. B. Nameofragency, biparitment or snit. • Use Section C Description of the individual. • Use Section C to Identify an oxfolde organization. B. Nameofragency, biparitment or snit. • Use Section C Description of the individual. • Use Section C to Identify an oxfolde organization. M. Manuella, Section C • Use Section C to Identify an oxfolde organization. Individual. • Use Section C to Identify an oxfolde organization. M. Sca Link of the Section County organization. • Use Section C to Identify an oxfold organization. Income I M. Sca Link of the Section County organization. • Use Section County organis to the section. Income I <td></td> <td>* Tisket(s)(Dess(ex) - resided for a rest of 0</td> <td>· CO</td> <td>, □ If no: <u> </u></td> <td>SW</td> <td></td>		* Tisket(s)(Dess(ex) - resided for a rest of 0	· CO	, □ If no: <u> </u>	SW	
Of agency official? No in resc. N			Ę		Name of Sou neda County Supervi	ince SOF Scott Haggerty D 1
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Parking sales. Parking sales. Ceremonial Role Other Income In		LASCE LUND DUICCA	.1	To promote attenda	ince at a county sponsore	d event in order 🛛 🕫 🗖
Ceremonial Role Other Income		Macina story	4	1	al county revenue for cor	cession and
C. Name of Outside Organization If checking 'Caremonial Role' or 'Other' describe below: If checking 'Caremonial Role' or 'Other' describe below: If checking 'Caremonial Role' or 'Other' describe below: C. Name of Outside Organization If checking 'Caremonial Role' or 'Other' describe below: Describe the public purpose made purpount to the agency's polloy Pass(eet) If checking 'Caremonial Role' or 'Other' describe below: Number of Agency Help or Designer If the public purpose made purpount to the agency is polloy If checking 'Caremonial Role' or 'Other' describe below: If checking 'Caremonia' the purpose made purposes made p		U		parking sales.		
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		Comment:			· · · · · · · · · · · ·	FPPC Form 802 (4/12)

Ceremonial Role Events	s and lic	ket/Pass	Distributions	1	A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form
Division, Department, or Regio	n (Il Applicable)		For Official Use Only		
Board of Supervisors					
Designated Agency Contact (N	ame, Tille)				
Lee Ann Fergerson, Supervis	ior's Assista	nt			
	-mail			Amendment (Must pro	woo explanaton in Part 3.)
		rson@acgov	org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event inform				. K	00,00
Does the agency have a ticket		Yes No[Face Value o	A Each Hundy ass y	
Event Description	Provida filia/Expl	2000	Date(s)	1,26,16.	//
540 ·	-Tomas (Tiboresign	anahon –	- 16 (5	SW	
Tickel(s)/Pass(es) provided by	agency?	Yes No [] If no:	Name of Sour	69
Was ticket distribution made at of agency official?	the behest	No 🔽 Yes	If yes:	Official's Name (Le	ist, Flinst)
3. Recipients • Use Section A to Identify the agency's	department or	unit. • Uso Sect	Ion B to identify an individ	uci. • Use Section C to Identif	y an outside organization.
A. Nameoratenny, Danaritman	onUnit	Ninger	Describelthe put	c purpose made purpuent t	o the address pollov
	nite statistics	E Roge (65).			
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B. Namenundvala		INLINGUAL 1			
				Identify one of the followin	
				lal Role" or "Other" duscribe below:	Income 🔲
	,				
			Ceremonial Role	Other	income 🔲
	2.5%		li checking "Coremon	lei Role" or "Other" describe below:	
C. Minsolouride Graniz	tion/relation	Numboron Tiekstel	Describe uniou		
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ATEVADASCHOOL		2		school or nonprofit organ	ization for
	-		lts contribut	ions to the community.	
39450 Royal Palr	v				
Fremont CA 945	30-1843			····	
ŧ.	18944.1 and	18942. I have veri	fied that the distribution set (orth abova, is in accordance with	(he requirements.
	I	Lee Ann Ferg	erson	Supervisor's Assistant	
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		its and Tic	ket/Pass	Distributions	•	A Public Document
1. Agency Na			Date Stamp	California 802		
Alameda Co	•					i cim
Division, Dep	artment, or Reg	lon (if Applicable))	***	1	For Official Uso Only
Board of Su						=
	gency Contact		1			
	gerson, Super		Amendment (Musi	provido explanation in Part 3.)		
-	ione Number	E-mail				
(510) 272-66		leeann.ferge	rson@acgo	v.org	Date of Original Filing	(Month, Day, Year)
	r Event Infor ncy have a ticke stion		Yes No	Face Value of Date(s)	of Each Ticket/Pass	800,00
Ticket(s)/Pass	s(es) provided b	y agency?	Yes 🗹 No	🗖 if no: 📿	500	
				Ala	Name of S meda County Super	ource Visor Scott Haggerty, D 1
VVas licket dis of agency of	tribution made a ficial?	at the behest	No 🔲 Yes	🛱 lfyes:	Official's Name	
3. Recipients				×		
- Hoo Costion & I		y's department or (unit. • Use Se	ction B to identify an individ	ual. • Use Section C to Idea	ntify an outside organization.
A. Namero	Adenov Departm	nvorunit.	. Number of			itio this agoncy s policy
			(F. Ress(cs)			
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					dentity one of the folio	49
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				n creanth Caramon	kai Kolo or 'Quini Goscilla Utilaw'	
				Ceremonial Role	Other 🖸	Income 🗋
				ll checking "Caramon	iel Rolo" ar "Other" doscribe below:	
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Riph	· Partner	-C 140	41	To Bowerd a set	·	
Edu	cation	5 000	1	Its contributions to	ol or nonprofit organizati the community.	on tor
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I		s 18944.1 and	1 6942. I have v e		orth ebove, is in accordance w	· · · · · · · · · · · · · · · · · · ·
1			ee Ann Fer		Supervisor's Assistan	
	gency Hose or Dozignae		Print Nam		Tiče	(Month, Oay, Yoer)
Comment:	elebrity	Waiter	Fundr	alsing Even	+	
						FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (868/275-7772)

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	A Public Document
Date Stamp	California 802
	Porm -
7	For Official Uso Only
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Amendment (Must pr	rovido explanation in Part 3.)
Date of Original Filing: .	(Month, Day, Year)
	1000-00
of Each Ticket/Pass \$ _	
2-3-16	//
5W	
Name of Sou Imeda County Supervi	100 Sor Scott Haggerty, D.1
Officiel's Name (L	
iual. + Use Section C to Identi	liy an outside organization.
Dicpupose nedepusuant	to the agency's policy.
denuty one of the following	
Oiher	Income
nial Role" ar "Qihar" describe balaw:	
Other 🗌	Income 🔲
ulal Rolo" or "Other" describe below:	
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blic;purpose made/purauant)	to the agency/applicy
The second design of the second se	<u>naariiyaaqii nadiinaa ay ahararada asaaqin inti kiyo j</u>
	n for
o the community.	
forth ebove, is in accordance with	the requirements.
Supervisor's Assistant	10-19-16
Title	(Month, Qay, Yosr)
res with spc.	
	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)
	Amendment (Muster) Date of Original Filing: Date of Original Filing: Of Each Tickst/Pass \$ 2-3-14 SW Name of Soc meda County Supervi Official's Neme (I Use Section C to Ident Use Conter describe below: Use Rele" or "Other" describe below: Use Rele" or "Other" describe below: Use Conter I and Pursuant Use Conter I and Purs

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A Public Document

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1.	Agency Name					Date Stamp	California 002
	Alameda County						Form 802
	Division, Department, or Reg	Ion (if Applicabl		For Official Uso Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Tille)					
	Lee Ann Fergerson, Superv	isor's Assista	nt				
	Area Code/Phone Number	E-mail	<u> </u>			Amendment (Musi	provido explanation in Part 3.)
	(510) 272-6691	leeann.ferge	erson@acgo	v.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform						1000
	Does the agency have a ticke	t policy?	Yes 🚺 No		Face Value of	f Each Ticket/Pass \$.	1, LDU
	Event Description	1015/6	mm7		Date(s)	,24,14	///
		Provida Title/Exp.	lanațion		MS	N	
	Tickel(s)/Pass(es) provided by	у адепсу?	Yes 🖸 No		If no:	Name of S	iauroe
	Was ticket distribution made a	t the behast		K	Alan	neda County Super	visor Scott Haggerty, D 1
	of agency official?		No 🗌 Yes		lf yes:	Official's Name	
3.	Recipients						
	 Use Section A to identify the agency 		unit. • Uso Sec				ntify an outside organization.
	A. Name of Agenty Departing	il'onUnit	Ticketa/	5.4540	escribelthe publ	ic purpose madelpursuar	it to the stoney's polley.
				To re	eward a cou	nty employee for h	his or her
	Braneda Count	YV.A.	2			ce to the public	
	Arameda Count YamgWomerisSat	unday Prov	ram				
						Identify one of the follow	Miles
					Ceremonial Role	Other	income 🔲
					T checking "Calamoru;	al Role" or "Other" describe balaw.	
				(eremonial Role	Other	🗋 emoont
		(a))		1	i checking "Coremonia	si Rolo ⁻ or "Other" describe below.	•
	Name of Current Const		: Number of	1. S. P. C. S. P.			T
	I II nelude andress and gate				escribe une publ	iç purpose mada pursuar	it to the agency a polloy
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				<u> </u>			
4.	Verification			4 74 - 4 - 4 - 4 - 4			
						rth ebove, is in accordance w	101-1
	 Signature of Agency Hoss of Posignoo 		Lee Ann Fér Print Nam			Supervisor's Assistar	(Méalh, Day, Yoar)
							to only and the set
	Comment:						

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Ceremonial Role Events and Ticket/Pas	s Distributions	<u>j</u>	A Public Document
1. Agency Name		Date Stamp	California 802
Alameda County	·		Form OOZ. For Cificial Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Tille)			
Lee Ann Fergerson, Supervisor's Assistant			
Area Code/Phone Number E-mail	·····	Amendment (Must pl	rovide explenation in Part 3.)
(510) 272-6691 leeann.fergerson@acg	ov.org	Date of Original Filing: .	(Manth, Day, Year)
2. Function or Event information			Sh Sh
Does the agency have a ticket policy? / Yes D N	o□ Face Value o	of Each Ticket/Pass \$	09.50
Event Description DIXIC Chucks	Date(s)	21,7,10	
Provida Tilla/Explanațion			
Ticket(s)/Pass(es) provided by agency? Yes I N	o 🗖 🛛 lf no:		
	Ala	Name of Sou meda County Supervi	isor Scott Haggerty, D ;
Was ticket distribution made at the behest No I Ye of agency official?	s 🛄 🛛 if yes:	Officiel's Name (L	
 Recipients Use Section A to Identify the agency's department or unit. Use S 	ection B to identify an individe	ul Uso Socilon C to Ident	liv an outside croanization.
A Numeror (neerby Department on Unit 4 11 Passies)		lopupose Installoursubnt	co.ura agoncy a policy.
Sould Used Ch		ight of facilities or ev	
scott Haaperty	received county	funding or support	
B.		Identify one of the follow	
		Other 🔲	
		lài Role" or "Other" describe below:	Incoma L
		Other D	Income
(*)	in underwing Contonicon	lai Rois" or "Other" describe below:	
Name of Cutator Organization			
C. Mine of Cursine Organization		lic purpose midespursuant	Contra substrate to the second
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. Verification	*	· · · · · · · · · · · · · · · · · · ·	·-····································
19.1 and 18942. I have	verified that the disbibution set f	orth above, is in accordance will	the requirements.
C Lee Ann Fe	ergerson	Supervisor's Assistant	10-19-16
Print Ni	200	Пио	(Month, Day, Your)
Comment:			

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

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_	eremonial Role Even	ts and Tic	ket/Pass	Distributions	•	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form COL		
	Division, Department, or Regi	ion (If Applicable	3)			Lot Othore Ope Othy
	Board of Supervisors					
	Designated Agency Contact (Name, Tille)				
	Lee Ann Fergerson, Supervi	lsor's Assista				
	Area Code/Phone Number	E-mail				provide explenation in Part 3.)
	(510) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event inform					LAK DD
	Does the agency have a ticket	t policy?	Yes 🔲 No	Face Value o	f Each Ticket/Pass \$ -	019.00
	Event Description			Date(s)(17,16	
		Provide Title/Expl	anațion	G	Cu.)	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛄 No	I If no:	Name of S	7/074
	Was ticket distribution made a	t the heheet	No ET Mo	Alar	meda County Super	visor Scott Haggerty, D 1
	of agency official?		No 🗖 Yes	🛄 lf yes:	Official's Neme	
3.	Recipients					
	. Use Section A to Identify the agency	's department or	unit. 🔸 Use Se	ction B to identify an individu	nal. • Use Section C to idea	ully an outside organization.
	A. Namerof agency, Departing	fi on Unit		Discripenne pub	Spupose Indel pursua	t to the agency's polloy
	·····································		(i) Rasi(65).			
	12			<u> </u>		
	B		NUMBER			
			- Mumber of The Association		lidefillity che of thefeilor	
					Other	Income
				Il checking "Caremoni	lai Role" er "Other" describe below;	
	· · · · · · · · · · · · · · · · · · ·			Ceremonial Role	Other	incoma 🗖
		0.40		ll checking "Caramoni	al Role" or "Other" describe below:	
		2. . 2)				
				an a	all the standard of contrast of the	NOTE TO THE MERICAN PROPERTY AND
	C. Neme of Cutside Organ	zation uplion/	i fickete)/-	Describe troput	le purpose made purguar	t lothe agency's polloy
	Dalika stora Cia	NATIONAL CHARGES	110000000000000000000000000000000000000			
	runanin A	whers	4/		ol or non-protit or	
	479 thrashar	1.10			to the community.	,
	Live (in ove CA	AUCE 7				
4	Verification	11.201				
Ŧ	v withiwasiwii I have and and undersided 2000 Beaut		1 6942. i have v e	enified that the distribution set fo	onth above, is in accordance w	ilh the requirements.
		-	Lee Ann Fer	rgerson	Supervisor's Assistar	t 10/14/14
	oklucicha en villaind uden et rankuaa	-	Print Nem	Construction of the second sec	1720	(Month, Day, Yası)
	To hold	of	AL 00	anonlives -	for I wen	MAR
	Comment:	T TING	ma	mproces-	ICY (2004)	FPFC Form 802 (4/12)
	Little	leagu	l.	I	FPPC Toil-Free Helpline:	866/ASK-FPPC (866/275-7772)

eremonial Role Eve					
Agency Name				Date Stamp	California 802
Alameda County					1 Onth
Division, Department, or Re	gion (If Applicab		For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)			_	
Nancy Sa					
Area Code/Phone Number	E-mail			C Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692	nancy.sa@	acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Info	rmation				
Does the agency have a tick	et policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$_	55.50
Event Description Disney o	n Ice - Passpo	ort to Adventu		0 <u>, 29 , 16</u>	1 1
Event Description	Provide Title/Exp	planation			//
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Gold	en State Warriors	
				Name of So	
Was ticket distribution made	at the behest	No 🔲 Yes	If yes: Vall	e, Richard- Supervisor	District 2
of agency official?					Lasi, Filsij
Use Section A to identify the agen A. Name of Agency, Department		Number of Ticket(s)/		dual. • Use Section C to iden	
		Pass(es)			
		F 435(53)			
				ρ. 	
B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
B. Name of Individ (Last, First) Gonzalez, Catalina	ual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem		Ing:
(Last, First)	ual	Number of Ticket(s)/	If checking "Cerem	Other 🛛	Income
(Last, First)	ual	Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr Ceremoniai Role	Other X onial Role" or "Other" describe below: nunity volunteer for her	Income
(Last, First) Gonzalez, Catalina		Number of Ticket(s)/ Pass(es) 4	If checking "Cerem To reward a comr Ceremoniai Role	Other O	Income service to the public.
(Last, First)	mization	Number of Ticket(s)/ Pass(es) 4	If checking "Cerem To reward a comr Ceremonial Role If checking "Cerem	Other O	Income service to the public. Income
(Last, First) Gonzalez, Catalina	mization	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Cerem To reward a comr Ceremonial Role If checking "Cerem	Other O	Income service to the public. Income
(Last, First) Gonzalez, Catalina C. Name of Outside Orga (include address and de	mization	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Cerem To reward a comr Ceremonial Role If checking "Cerem	Other O	Income service to the public. Income
(Last, First) Gonzalez, Catalina	inization iscription)	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr Ceremonial Role If checking "Cerem Describe the pu	Other O	Income service to the public. Income
(Last, First) Gonzalez, Catalina C. Name of Outside Orga (include address and de	inization iscription)	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr Ceremonial Role If checking "Cerem Describe the pu prified that the distribution set	Other O	Income service to the public. Income to the agency's policy

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) 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 55.50 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Disney on Ice - Passport to Adventure 30 16 10 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 Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role Other 🗵 Income If checking "Ceremonial Role" or "Other" describe below: Gonzalez, Michele 4 To reward a community volunteer for her service to the public. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description)

Verification Δ

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C.

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

	Nancy Sa	Supervisor's Assistant	10/25/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

California 1. Agency Name Date Stamp 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 55.50 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗋 Event Description ______ Disney on Ice - Passport to Adventure 28 16 10 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 Α. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Last First) Pass(es) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Income 🔲 Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) To reward a nonprofit for its contributions to the community. Ruby's Place; 1180 B St, Hayward, CA 4 94541 Provides shelter and supportive services to families and individuals

4. Verification

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

	Nancy Sa	Supervisor's Assistant	10/25/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

C	eremonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County			Porm -			
	Division, Department, or Regi	on (If Applicable	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Nancy Sa						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation			<u> </u>		
	Does the agency have a ticket		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	50.50	
	Disney on	Ice - Passpoi)2616	10 , 27 , 16	
	Event Description	Provide Title/Expl	/	//			
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golder				n State Warriors		
		•.9,			Name of So		
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name (Last, 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 pub	the public purpose made pursuant to the agency's policy		
	1						
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role If checking "Ceremor	Other describe below:	Income	
				Ceremonial Role If checking "Ceremor	Other Dial 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	t to the agency's policy	
	FESCO; 21455 Birch St #5, Hayward, CA 94541		8	To reward a nonpro	ofit for its contributions to the community.		
	Serves low/extremely low-in homeless families with servi	come ces					
4.	Verification						
		s 18944.1 an	d 18942. I have ve	erified that the distribution set i	forth above, is in accordance wi		
1			Nancy		Supervisor's Assistan		
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)	

С	eremonial Role Events and Ticl	ket/Pass	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)				
	Nancy Sa				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692 nancy.sa@a	cgov.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	f Each Ticket/Pass \$	168
	Event Description Kanye West: The Saint Provide Title/Expla	Pablo Tour	Date(s)10	, 23 , 16	//
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		n State Warriors Name of Sou	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D Official's Name (L	District 2
3.	• Use Section A to identify the agency's department or u		tion B to identify an individu	al. • 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	to the agency's policy
	B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
	Galang, Josemari	4	If checking "Ceremon	Other I	Income 🗌 astic achievement
		4	Ceremonial Role	Other ial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (to the agency's policy
4.	Verification				

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

	Nancy Sa	Supervisor's Assistant	10/25/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

eremonial Role Events and Ti				
Agency Name			Date Stamp	California 802
Alameda County				to service
Division, Department, or Region (If Applicab	le)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Nancy Sa			<u> </u>	
Area Code/Phone Number E-mail			Amendment (Must	t provide explanation in Part 3.)
(510) 272-6692 . nancy.sa@	acgov.org		Date of Original Filing	:(Month, Day, Year)
Function or Event Information			1	
Does the agency have a ticket policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$.	168
Event Description Kanye West: The Sain	t Pablo Tour	Data(s) 1() <u>, 22 , 16</u>	1 1
Provide Title/Ex,				
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors	
		—	Name of S	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name	
• Use Section A to identify the agency's department o	runit. ● Use Se	ction 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)/		olic purpose made pursua	
	Pass(es)			
	Number of			
B. Name of Individual (Last. First)			Identify one of the follow	wing:
B. Name of Individual (Last, First) Francisco, Michael	Number of Ticket(s)/	If checking "Ceremor	Identify one of the follow	
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremor To reward a studer Ceremonial Role	Other I Other other other other other other other other other of the other oth	Income [olastic achievement
(Last, First)	Number of Ticket(s)/ Pass(es) 4	If checking "Ceremor To reward a studer Ceremonial Role If checking "Ceremon	Cother Cothe	Income [olastic achievement Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremor To reward a studer Ceremonial Role If checking "Ceremon Describe the put	Other O	Income [Income]
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremor To reward a studer Ceremonial Role If checking "Ceremon Describe the put	Other O	Income [iolastic achievement Income [int to the agency's policy

1.	Agency Name				Date Stamp	California 802
	Alameda County				Form UUZ	
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Nancy Sa					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Paπ 3.)
	(510) 272-6692	nancy.sa@	acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	mation				126
			of Each Ticket/Pass \$	120		
	Event Description Amy Schu			Date(s)0) _ 20 _ 16	//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Golden		n State Warriors	urce		
	Was ticket distribution made at the behest No T Yes X If yes. Valle,		, Richard- Supervisor [
	of agency official?	ti the benest	No 🗌 Yes		Official's Name (L	.ast, First)
3.	Recipients		· · · · · · · · · · · · · · · · · · ·			
	Use Section A to identify the agency's department or unit. Use Section B to identify an individu				ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	Community Development Agency		4	To reward a County public	y employee for her exe	emplary service to the
	B. Name of Individua (Last First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other ial Role" or "Other" describe below:	Income
			4			
				Ceremonial Role	Other	Income
			4	If checking "Ceremon.	ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
4.	Verification					
	house read and understand EPDC Page	1969 18944.1 an				
	<i>v</i>		Nancy S		Supervisor's Assistant	
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)

1.	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Region (If Applicable)			-	Form 002	
					For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Nancy Sa					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	mation			·	100
	Does the agency have a ticket policy? Yes 🛛 No 🗍 Face Value of				of Each Ticket/Pass \$ _	126
	Event Description Maroon 5			Date(s)10) 16 16	//
	Provide Litte/Explanation					
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golder	n State Warriors	
	Was ticket distribution made	at the behast		valle		
	of agency official?	at the benest	No 🗌 Yes	If yes:	, Richard- Supervisor Official's Name	(Last, First)
2	Recipients				· · · · · · · · · · · · · · · · · · ·	
э.	• Use Section A to identify the agend	y's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	íng:
			1 100(00)	Ceremonial Role	Other 🔀	
	Reiner, Eileen		4	If checking "Ceremon	ial Role" or "Other" describe below:	
			4	To reward a comm	unity volunteer for her	service to the public.
				Ceremonial Role	Other	Income
			4	If checking "Ceremon	al Role" or "Other" describe below:	
	C. Name of Outside Orga	nization	Number of			
	(include address and de		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
						27
A	Verification					

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	10/25/16
\mathcal{D}	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

Ceremonial Role Events and Ti	icket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Application	ble)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Nancy Sa				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692 nancy.sa@	acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Information			1	
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	99.75
Event Description WWE Monday Night F			0 <u>, 10 , 16</u>	/
Provide Title/E:	xplanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors	
			Name of Sou Disbard Supervisor	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle	, Richard- Supervisor [Official's Name (L	Last. First)
3. Recipients				
Use Section A to identify the agency's department of A. Name of Agency, Department or Unit	or unit. • Use Ser Number of Ticket(s)/		ual. • Use Section C to ident	
	Pass(es)			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role	Other 🛛	Income
Carrillo, Michael	4	-		County facility in order
	4		Other Image: Control of the control of th	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
. Verification	,			

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

		Nancy Sa	Supervisor's Assistant	10/25/16
-	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					1.01111
	Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Nancy Sa					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	89.50
	Event Description Dixie Chic	ks		Date(s) 10) 7 16	1 1
		Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors	
		•		—	Name of Sou	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor E Official's Name (L	District 2
					Cincial S Name (E	asi, i iisij
3.	• Use Section A to identify the agency	via department er	unit e lles Sa	ation D to identify on individe	ust a Use Section C to identi	fron outside exteniention
			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 Individua	al	Number of Ticket(s)/		Identify one of the following	ng:
			Pass(es)	Ceremonial Role	Other 🗙	
	Reddy, Anusha				ial Role" or "Other" describe below:	
			4	To promote attendation to maximize potent		County facility in order
			4	Ceremonial Role If checking "Ceremon	Other describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	o the agency's policy
4.	Verification	18944.1 and	 18942. have ve	rified that the distribution set fr	orth above, is in accordance with	the requirements
/			Nancy S		Supervisor's Assistant	10/25/16

Comment: _

С	eremonial Role Events and Tic	ket/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@a	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				00.05	
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ 😐	89.25	
	Event Description Golden State Music Fes		Date(s)0	14 16		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors		
	nekel(3/1 233(63) provided by agency.			Name of So		
	Was ticket distribution made at the behest No I Yes I If yes: Valle		If yes: Valle,	Richard- Supervisor	District 2	
_	of agency official?			Omciai s ivame (Last, Firstj	
3.	• Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the 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:	
	Carnation, Shawna		Ceremonial Role	ial Role" or "Other" describe below:	Income 🗖	
		2	To promote attendate to maximize potent		a County facility in order	
	Jones, Brittany			ial Role" or "Other" describe below:	Income	
				To promote attendance at event held at a County facility in order to maximize potential revenue.		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
					-	
				· · · · · · · · · · · · · · · · · · ·		

4. Verification

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	10/25/16
-	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Ceremonial Role Events a	nd licket/Pass	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)		1	
Nancy Sa				
Area Code/Phone Number E-ma			Amendment (Must	provide explanation in Part 3.)
	cy.sa@acgov.org		Date of Original Filing	(Month, Day, Year)
2. Function or Event Information				(Mohili, Day, Tear)
Does the agency have a ticket polic		Face Value o	of Each Ticket/Pass \$ _	149.50
				//
Event DescriptionSia: Nostalgic for	le Title/Explanation	Date(s)		//
Ticket(s)/Pass(es) provided by ager		If no. Golde	n State Warriors	
nekel(s)/r ass(es) provided by ager	ncy? Yes 🗌 No		Name of S	
Was ticket distribution made at the l	behest No 🗂 Yes	s 🛛 If yes: Valle	, Richard- Supervisor Official's Name	District 2
of agency official?			Official's Name	(Last, First)
Recipients Use Section A to identify the agency's department or U A. Name of Agency, Department or U	Number of		ual. • Use Section C to iden	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
		Ceremonial Role	Other 🛛	
Berkowitz, Iliana	4		nial Role" or "Other" describe below:	
		to maximize potent	tial revenue.	a County facility in order
		Ceremonial Role	Other Differ Dif	Income
	4			
C. Name of Outside Organization (include address and description)		Describe the put	olic purpose made pursuan	t to the agency's policy

Nanov Sa Supervisor's Assistant 10/25/16

	Nancy Sa	Supervisor's Assistant	10/25/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

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) 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 137.25 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ -Yes 🛛 No 🗋 Event Description Bad Boy Family Reunion 30 16 09 Date(s). Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role Other X Income Parra, Alejandro If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his service to the public. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 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)

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	10/25/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

1.	Agency Name				Date Stamp	California 000	
	Alameda County			Form OUZ			
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		<u></u>			
	Nancy Sa						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6692	nancy.sa@	acaov.ora		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor		00			(Wonth, Day, Year)	
	Does the agency have a ticke		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	275	
	Deidere ve	. Chargers		_		///////	
	Event Description Raiders vs. Chargers Date(s) Date(s)				//		
	Oaklar			nd Raiders			
					Name of So		
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor I Official's Name (I	District 2	
	of agency official?			_	Official's Name (L	.ast, First)	
3.	Recipients						
	Use Section A to identify the agency	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	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy		
	B. Name of Individua		Number of				
	D. (Last, First)		Ticket(s)/ Pass(es)	w	Identify one of the followi	ng	
	Otero, Heysell		4	Ceremonial Role If checking "Ceremoni	Other X al Role" or "Other" describe below:	Income	
			4	To reward a community volunteer for her service to the public.			
			4	Ceremonial Role	Other describe below:	income	
	C. Name of Outside Organi (include address and dest		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy	
			4				
4.	Verification	ons 18944.1 and	d 18942. I have vei	rified that the distribution set fo	nth above, is in accordance with	n the requirements.	
4			Nancy S	Sa Sa	Supervisor's Assistant	10/25/16	
	Signature of Agency Head or Designee Print Name			Title	(Month, Day, Year)		
	Comment: Includes 1 parking	y pass at the	value of \$35	•			

Signature of Agency Head or Designee

Ceremonial Ro	le Event	ts and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name					Date Stamp	California 802
Alameda County						ronni
Division , Departm	ent, or Regi	on (If Applicable	*)			For Official Use Only
Board of Supervi	sors					
Designated Agence	y Contact (Name, Title)				
Nancy Sa						
Area Code/Phone	Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692		nancy.sa@a	cgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Ev	ent Infor	nation			• · · · · · · · · · · · · · · · · ·	
Does the agency h	ave a ticket	t policy?	Yes 🛛 No	Face Value of	f Each Ticket/Pass \$ _	275
Event Description	Raiders vs	. Kansas City	Chiefs	Date(s) 10	, 16 , 16	
Event Description		Provide Title/Expl	anation			
Ticket(s)/Pass(es)	provided by	/ agency?	Yes 🗌 No	If no: Oaklar	nd Raiders	
				\/allo		
Was ticket distribut of agency official		t the benest	No 🗌 Yes	If yes:	Richard- Supervisor I Official's Name (L	.ast, First)
3. Recipients • Use Section A to iden A. Name of Ager			Number of Ticket(s)/ Pass(es)		al. • Use Section C to ident	
B. Nam	e of Individua (Last First)	l	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Concerning For	vibal				Other 🔀	
Concepcion, Esq	uibei		2		al Role" or "Other" describe below: unity volunteer for his	service to the public.
		:: ::	2	Ceremonial Role If checking "Ceremon	Other dial Role" or "Other" describe below:	Income
	utside Organi ress and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			4			
I have read and understan	nd FPPC Reaul	ations 18944.1 and	18942. I have ve	erified that the distribution set for	orth above, is in accordance with	h the requirements.
/			Nancy S	Sa	Supervisor's Assistant	10/25/16

Print Name

Title

(Month, Day, Year)

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Regio	n (If Applicable)	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Na	ame, Title)			-		
	Nancy Sa						
	•	-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6692 r	nancy.sa@ad	gov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	Function or Event Information					
					of Each Ticket/Pass \$ _		
	Event Description Warriors vs.	Clippers	, 4 , 16	//			
	F	Provide Title/Expla					
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of So	burce	
3.	Was ticket distribution made at the behest $N_0 \square$ Yes \square If yes Valle			Valle,			
	of agency official? Value of agency official?			Richard- Supervisor	(Last, First)		
	Use Section A to identify the agency's A. Name of Agency, Department	<i></i>	nit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to ider		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
					Other D ial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income	
		Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the p		Describe the pub	public purpose made pursuant to the agency's policy		
	Intero Foundation; 5960 Stoneridge Drive, Suite #101, Pleasanton, CA 94588		4	To reward a nonpro	ofit organization for its	contributions to the	
	Nonprofit organization that rai to benefit children	ses money					
4.	Verification						

I have read and and and extand 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	10/25/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ___
1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 675 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description <u>Warriors vs.</u> Trail Blazers 21 16 10 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 Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Last First) Pass(es) Ceremonial Role Other 🗙 Income Sibal, Mark If checking "Ceremonial Role" or "Other" describe below: 4 To reward a community volunteer for his service to the public. Ceremonial Role Other Income 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) Verification ons 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Nancy Sa Supervisor's Assistant 10/25/16 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: Includes 1 parking pass at the value of \$30.

A Public Document

1.	Agency Name		-			Date Stamp	California	000
	Alameda County					Part Clamp	Form	802
	Division, Department, or Regi	ə)			4	For Official U	Use Only	
	Board of Supervisors							
	Designated Agency Contact (Name Title)						
		inanio, mioj						
	Amy Shrago					Amendment (Must pro	vide explanation in	Part 3.)
		E-mail	O aaaaa			Date of Original Filing: _		
	(510) 272-6695	amy.shrago(@acgov.org]			(Month, Day, Yea	r)
2.	Function or Event Inform		_					90.00
	Does the agency have a ticket		Yes 🗌 No			f Each Ticket/Pass \$		00.00
	Event Description A's vs. Rec	Sox		Date(s) _	09	, 03 , 16	/	/
		Provide Title/Expl	anation					
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oa	ikian	Name of Sour		
	Was ticket distribution made as	t the hehest			arso			
	of agency official?		No 🗌 Yes	If yes:		Official's Name (Last, First)		
2	Recipients							
0.	Use Section A to identify the agency	's department or u	unit. • Use Se	ction B to identify an ind	lividu	al. • Use Section C to identif	y an outside organ	ization.
	A. Name of Agency, Departmen		Number of Ticket(s)/			lic purpose made pursuant to		_
			Pass(es)					
			ļ					
			Number of			· · · · · · · · · · · · · · · · · · ·		
	B. Name of Individual (Last, First)		Ticket(s)/			Identify one of the following	g:	
			Pass(es)	Ceremonial R		Other		
					_	A Role" or "Other" describe below:		Income
				Ceremonial Ro	ole [Other		Income
				If checking "Cere	emoniai	I Role" or "Other" describe below:		
ľ			Number of					
	C. Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the	publi	c purpose made pursuant to	the agency's pol	icy
	McClymonds High School Ba		10	To reward a sch	ool d	or nonprofit organizatio	n for its contril	butions
	Myrtle St, Oakland, CA 9460	7 public high	18	to the community	У			
_								

4. Verification

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

	 Amy Shrago	Supervisor's Assistant	10/01/16
Joighature of Agencymean of Designee	Print Name	Title	(Month, Day, Year)

Α	Ρι	ıbli	сD	oci	um	en
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-						A Public Document	
1.	Agency Name			Date Stamp	California 802		
	Alameda County					A PROPERTY AND A PROP	
	Division, Department, or Reg	ion (If Applicable	ə)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation	_			(month, Day, roury	
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value	of Each Ticket/Pass \$	27.00	
	Event Description A's vs. An	gels			9 , 07 , 16		
	Event Description A's vs. An	Provide Title/Expl	anation	Date(s)		//	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗋 No	IX If no: Oakla	ind A's	^	
				_	Name of Sou	Irce	
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Cars	On, Keith Official's Name (L	and filmed	
						ast, Hirst)	
	A. Name of Agency, Departme		Ticket(s)/ Pass(es)		blic purpose made pursuant		
	B. Name of Individua (Last, First)	J	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
			F 435(65)	Ceremonial Role	Other 🔀		
	Spencer, Scott		2 To		If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event or even held at a County facility in order to maximize potential Court		
				Ceremonial Role If checking "Ceremor	Other Dial Role" or "Other" describe below:	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic 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.

	Amy Shrago	Supervisor's Assistant	10/01/16
Signature of Agency mpad or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

1.	Agency Name			Date Stamp	California 802	
	Alameda County					I ONIT COL
Ì	Division, Department, or Regi	on (If Applicabl	le)		1	For Official Use Only
	Board of Supervisors					
ī	Designated Agency Contact (Name, Title)	<u>.</u>		1	
	Amy Shrago				·	
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	nation				(monar, bay, rear)
[Does the agency have a ticket	t policy?	Yes 🗌 No	Face Value	of Each Ticket/Pass \$	27.00
_	Event Description <u>A's vs. Mar</u>	riners		—		
E		Provide Title/Exp	lanation	Date(s)		//
٦	ficket(s)/Pass(es) provided by	agency?	Yes 🗌 No	IN If no: Oakla	nd A's	
-		agonoy.			Name of Sou	Irce
	Vas ticket distribution made at	t the behest	No 🗌 Yes	If yes: Cars	on, Keith	
	of agency official?				Official's Name (L	ast, First)
	A. Name of Agency, Departmen	at or Unit	Number of			
-			Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
 - E	3. Name of Individual (Last, First)		Pass(es)	Describe the pul	blic purpose made pursuant	
-			Pass(es)	Ceremonial Role		ng:
			Pass(es)	Ceremonial Role	Identify one of the followin Other Dial Role" or "Other" describe below:	ng:
- - - - -	(Last, First)	zation	Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Identify one of the followin Other ial Role" or "Other" describe below: Other Other	ng: Income

4. Verification

I have read and understand EDDC 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	10/01/16
Signature of Agency need or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document

1.	Agency Name			Date Stamp	California 802	
	Alameda County				Form 002	
	Division, Department, or Reg	ion (If Applicab	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			4	
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695		@acgov.org		Date of Original Filing:	(Month, Day, Year)
2	Function or Event Inform					(Mohin, Day, Year)
lin s	Does the agency have a ticke		Yes 🗌 No	Face Value	of Each Ticket/Pass \$	80.00
	Event Description A's vs. Ma	Provide Title/Exp	planation	Date(s)	9,09,16_	/
	Ticket(a)/Deco(ca) provided by	-		IX If no: Oakla	nd A's	
	Ticket(s)/Pass(es) provided by	/ agency /	Yes 🗌 No		Name of Sou	ırce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?				Official's Name (L	ast, First)
	A. Name of Agency, Department or Unit			Deceribe the put	lie nurnees made nureuset	to the exercise nellow
			Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
			Pass(es)	Describe the put		
			Pass(es)	Describe the put	lic purpose made pursuant	
	B. Name of Individua		Pass(es)	Ceremonial Role	Identify one of the followin	
	B. Name of Individua		Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the followin Other In Other In Identify of the following o	ng:
	B. Name of Individua	l	Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Identify one of the following Other Istar Role" or "Other" describe below: Other Other	ng: Income

4. Verification

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

	Amy Shrago	Supervisor's Assistant	10/01/16
Signature of Agency Hend or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

	AI	Pub	lic	Do	cun	nent
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_						All abile Boodilient
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OUZ		
	Division, Department, or Reg	ion (If Applicabl	-	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				(Month, Day, Tear)
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$	27.00
	Event Description A's vs. Ma	riners			, 10 , 16	
	Event Description	Provide Title/Exp	lanation	Date(s)		/ /
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oaklar	nd A's	
	., ., .				Name of Sou	irce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Carso	on, Keith Official's Name (L	
	of agency official?				Official's Name (L	ast, First)
	A. Name of Agency, Departme		Ticket(s)/ Pass(es)		lic purpose made pursuant i	to the agency's policy
	B. Name of Individua (Lest, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			1 400(00)	Ceremonial Role	Other	
	Watts, Alfred		2	-	al Role" or "Other" describe below:	
				To reward a commu public.	unity volunteer for his c	or her service to the
			ł	Ceremonial Role If checking "Ceremoni	Other describe below:	Income
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
						9

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	10/01/16
5		эе	Print Name	Title	(Month, Day, Year)
· · · · ·	U				
Comment:					

A Public	Document
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_						A Fublic Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org	l .	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				(Monni, Day, Tear)	
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$	27.00	
	Event Description A's vs. Asi	tros			9 <u>, 20 , 16</u>	,	
	Event Description	Provide Title/Exp	lanation	Date(s)		//	
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🗌 No	IX If no: Oakla	nd A's		
					Name of Sou	irce	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso	on, Keith		
	of agency official?				Official's Name (L	ast, First)	
3.	• Use Section A to identify the agency	y's department or	unit. • Use Se	ction B to identify an individe	ual. • Use Section C to identi	ify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the agency			
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Brown, James		2	If checking "Ceremon	Other X	Income	
					ance at a County spons cility in order to maxim	sored event or event ize potential County rev	
		4		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 pub	lic purpose made pursuant t	o the agency's policy		

4. Verification

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

	Amy Shrago	Supervisor's Assistant	10/01/16
Signature of Agency Nead or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

Α	Pub	lic	Doc	ume	nt
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_						AT ubic Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County				Form OUZ		
	Division, Department, or Regi	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 pr	ovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org	J	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform	nation			· · · · · · · · · · · · · · · · · · ·	(Monin, Dey, Tear)	
	Does the agency have a ticket	t policy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	27.00	
	Event Description A's vs. Ast	ros			, 21 , 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 Sou	rce	
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Carso	Official's Name (Last, First)		
_	of agency official?				Official's Name (L	ast, First)	
	A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)		to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followin	10.	
	(Løst, First)		Pass(es)				
	Spencer, Scott		2	To promote attenda	al Role" or "Other" describe below:	income cored event or event ze potential County rev	
				Ceremonial Role		Income	
·	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy	

4. Verification

I have rectioned and a standard specific standard specified that the distribution set forth above, is in accordance with the requirements.

	Amy Shrago	Supervisor's Assistant	10/01/16
Signation or rigonor right or bouignee	Print Name	Title	(Month, Day, Year)
Comment:			

Α	Pu	blic	Do	cu	ment
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_			Notif uss	Distributions		A Public Document
1.	Agency Name Date Stamp California				California 802	
	Alameda County					
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	1			
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				(Workin, Day, Tear)
	Does the agency have a ticke		Yes 🔲 No	Face Value of	of Each Ticket/Pass \$	90.00
	A's vs. Ra	naers		-		
	Event Description <u>A's vs. Rai</u>	Provide Title/Expla	anation	Date(s)	9 <u>23 16</u>	//
	Ticket(s)/Pass(es) provided by	v agency?		If no: Oakla	nd A's	
		y agency.	Yes 🗌 No		Name of Sou	rce
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?			•	Official's Name (L	ast, First)
	Use Section A to identify the agency's department or u		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	B. Name of Individua	4	Number of Ticket(s)/		Identify one of the following	ng:
	(Lds), r# sij		Pass(es)	Ceremonial Role	Other	
				Ceremonial Role	Other Other Other Other Other	Income
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Asian Health Services 818 V Oakland, CA 94607 serve an		4	To reward a school to the community.	or nonprofit organizati	on for its contributions

4. Verification

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

	Amy Shrago	Supervisor's Assistant	10/01/16
signature or Agency, riead or Designee	Print Name	Title	(Month, Day, Year)
Comment:	. <u></u>		

A Public Docun	nent
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_						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	ion (If Applicabl	le)	*		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Amy Shrago					
	Area Code/Phone Number	E-mail	<u></u>		Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6695		@acgov.org	I	Date of Original Filing: _	
$\frac{1}{2}$	Function or Event Inform			· · · ·		(Month, Day, Year)
2.	Does the agency have a ticket			Face Value o	of Each Ticket/Pass \$	32.00
			Yes 🗌 No			
	Event Description A's vs. Rar	Provide Title/Exp	lanation	Date(s)	9 <u>, 23 , 16</u>	//
			anaton	Oaklar	nd A's	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No	If no: Oaklar	Name of Sou	rce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?				Official's Name (La	ast, First)
3	Recipients					
•	Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Department		Number of		lic purpose made pursuant t	
	Ticket(s)/ Describe the public purpose made pursuant to the agency Pass(es)			o the agoiney o policy		
			Number of			
	B. Name of Individual		Ticket(s)/		Identify one of the followin	g:
			Pass(es)	Commonial Pala		
					Other Other or "Other" describe below:	Income
				Ceremonial Role	Other	Income
				If checking "Ceremoni	al Role" or "Other" describe below:	
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant te	o the agency's policy
			Pass(es)			
	Down Syndrome Connection		2		or nonprofit organizatio	on for its contributions
	Area 117 Town and Country		ļ	to the community.		

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	10/01/16
esignee	Print Name	Title	(Month, Day, Year)
Comment:			

Α	Ρι	ıb	lic	Do	cu	me	nt
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					A Fublic Document
. Agency Name				Date Stamp	California 802
Alameda County				Form OUZ	
Division, Department, or Regio	ivision, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (N	ame, Title)		· · · · ·	1	
Amy Shrago					
	-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6695	amy.shrago@	@acgov.org	l · · · · ·	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	ation			L	
Does the agency have a ticket	policy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$ _	90.00
Event Description A's vs. Range	gers		Deta(a) 09	, 25 , 16	///
	Provide Title/Expla	anation	Date(s)		//
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oaklar	nd A's	
(-), (),				Name of So	urce
Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Carso	on, Keith	
of agency official?				Official's Name (I	.ast, First)
Recipients					
Use Section A to identify the agency's	department or u	T	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department	t 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 followi	ng:
			Ceremonial Role If checking "Ceremoni	Other Other al Role" or "Other" describe below:	Income
			Ceremonial Role		Income
			It checking "Ceremoni	al Role" or "Other" describe below:	
C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
Down Syndrome Connection Area 117 Town and Country I		18	To reward a school to the community.	or nonprofit organizat	ion for its contributions
		· ·			
Verification					
I have The structure of CDPC Regulation	ons 18944.1 and 1	18942. I have ve Amy Shra		rth above, is in accordance with Supervisor's Assistant	
			ลนบ จั	JUDEI VISULS ASSISTANT	10/01/10

	Amy Shrago	Supervisor's Assistant	10/01/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document

_						AT ubic Document
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)		·····	1	
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695		@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation			I	(Month, Day, Tear)
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$	32.00
	Event Description <u>A's vs. Ran</u>	ngers		—) _ 24 _ 16	
	Event Description	Provide Title/Exp	planation	Date(s)		//
	Ticket(s)/Pass(es) provided by	v agency?		Ist If no: Oaklar	nd A's	
		y ageney:	Yes 🗌 No		Name of Sou	rce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?				Official's Name (La	ast, First)
	A. Name of Agency, Departme		Ticket(s)/ Pass(es)		lic purpose made pursuant t	
	B. Name of Individua (Last, First)	ı	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ng:
				Ceremonial Role	Other 🛛	Income
	Carson, Keith		2	To review the ability	ial Role" or "Other" describe below: y of a facility or its oper on goals or job training	ator to participate in the
			^	Ceremonial Role If checking "Ceremoni	Other D	Income
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
					54	
	× 101 41			L	··• ·· ···	·

4. Verification

I have read and understand EDDC 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 10/01/16 ignee Print Name Title (Month, Day, Year) ş

Comment:

Α	Pul	olic	Do	cum	ent
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					A Fublic Documen
1. Agency Name				Date Stamp	California Form 802
Alameda County					
Division, Department, or Regio	n (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Na	ame, Title)				
Amy Shrago					
	-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6695	amy.shrago@acg	ov.org		Date of Original Filing: .	(Month, Day, Year)
. Function or Event Inform	ation				(
Does the agency have a ticket p	oolicy? Yes [] No	🗙 Face Value o	f Each Ticket/Pass \$	35.00
Event Description Ringling Bro	s. and Barnum &	Bailey	Cir Date(s) 08	, 18 , 16	//
Ticket(s)/Pass(es) provided by a	agency? Yes [] No	If no: Golder	State Warriors	
	163			Name of Sou	urce
Was ticket distribution made at t	he behest No] Yes	If yes: Carso	on, Keith	
of agency official?				Official's Name (L	.ast, First)
. Recipients					
Use Section A to identify the agency's	Nun	Use Sec	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department	or Unit Tic	ket(s)/ ss(es)	Describe the pubi	lic purpose made pursuant	to the agency's policy
BOS Dist 5		4		employee for his or h ourage staff developm	er exemplary service to ent
	Nun	nber of			
B. Name of Individual (Last, First)	Tic	ket(s)/ ss(es)		Identify one of the following	ng:
			Ceremonial Role	Other Other Al Role" or "Other" describe below:	Income
			Ceremonial Role	Other describe below:	Income
C. Name of Outside Organiza (include address and descri	Tick	nber of ket(s)/ ss(es)	Describe the publ	ic purpose made pursuant (to the agency's policy
Verification	ns 18944.1 and 18942.	I have ver	ified that the distribution set for	rth above, is in accordance with	the requirements.
		iy Shra		Supervisor's Assistant	

	Amy Shrago	Supervisor's Assistant	09/01/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document

						AT ubile bocument
1.	1. Agency Name			Date Stamp	California 002	
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name. Title)				
	Amy Shrago				Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	_			
	(510) 272-6695	amy.shrago	@acgov.org	ļ	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke		Yes 🗌 No		f Each Ticket/Pass \$	42.00
	Event Description Ringling B	ros. and Barn	um & Bailey	/Cir _{Date(s)} 08	, 19 , 16	1 1
		Provide Title/Expl	anation			/
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	If no: Golder	State Warriors	
					Name of Sou	rce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?				Official's Name (La	ast, First)
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
	Freeman, Reako		4	To promote attenda	al Role" or "Other" describe below: nce at a County spons	Income ored event or event ze potential County rev
				Ceremonial Role	Other describe below:	Income 🗌
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o 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.

	Amy Shrago	Supervisor's Assistant	09/01/16
Sighalure of Agency newson Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A Public	Document
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				Biotingatione		A Public Document
1. Agency Name					Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	·		-	
	Amy Shrago		8			
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6695		@acgov.org		Date of Original Filing: _	
2	Function or Event Infor					(Month, Day, Year)
	Does the agency have a ticke		Yes 🔲 No	Face Value of	of Each Ticket/Pass \$	42.00
	Event Description Ringling B					
	Event Description	Provide Title/Exp	lanation	Date(s)	3 <u>,</u> 20 <u>,</u> 16 <u> </u>	//
	Ticket(s)/Pass(es) provided b	v agenov?		M If no. Golder	n State Warriors	
		y agency :	Yes 🗌 No		Name of Sou	rce
1	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?			2	Official's Name (La	ast, First)
-	A. Name of Agency, Departme		Ticket(s)/ Pass(es)		lic purpose made pursuant t	
-	B. Name of Individua		Number of			-
	D. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followin	g:
	Osorio, May Vickie		4	To promote attenda	ance at a County spons	
				held at a County fa		ze potential County rev
				Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
-			Number of			
-	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
_						

4. Verification These readent indextend EPPC Regulations 18944.1 and 18942. There verified that the distribution set forth above, is in accordance with the requirements.							
	Amy Shrago	Supervisor's Assistant	09/01/16				
Signalure of Agency read of Designee	Print Name	Tille	(Month, Day, Year)				

Comment: _____

AF	Publi	c Doc	ument
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						A Public Documen
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)			-1	
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org	1	Date of Original Filing:	
2	Function or Event Infor			, 		(Month, Day, Year)
	Does the agency have a ticke		Yes 🗌 No	Eace Value	of Each Ticket/Pass \$ _	89.50
		• •				
	Event Description Dixie Chic	Provide Title/Exp	lanation	Date(s)	0 , 07 , 16	//
	Ticket(c)/Peec(co) provided by	,		Golde	en State Warriors	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No		Name of Sou	JICO
	Was ticket distribution made at the behest No I Yes I If yes:			If yes: Cars	on, Keith	
	of agency official?				Official's Name (L	.ast, First)
			Pass(es)			
	B. Name of Individua		Number of Ticket(s)/		Identify one of the following	na:
	(Last, First)		Pass(es)			
	Simpson, Michelle			Ceremonial Role	Dther X bial Role" or "Other" describe below:	Income
			4	To promote attend	ance at a County spons	sored event or event ize potential County rev
				Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o 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.

		Amy Shrago	Supervisor's Assistant	10/13/16
Siç	^{gnee}	Print Name	Title	(Month, Day, Year)
Comment:				

A Public Document

_						All abile Booument
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regio	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (N	ame, Title)	-			
	Amy Shrago Area Code/Phone Number				Amendment (Must pr	ovide explanation in Part 3.)
		E-mail	~			
_			@acgov.org	ļ 	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform					00.75
	Does the agency have a ticket	•	Yes 🗌 No	-	of Each Ticket/Pass \$	
	Event Description WWE Mond	lay Night Ra	w	Date(s) 10	10 16	1 1
		Provide Title/Expl	lanation	Date(3)		//
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golder	n State Warriors	
					Name of Sou	rce
	Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?			-	Official's Name (La	ast, First)
5.	• Use Section A to identify the agency's • A. Name of Agency, Department		unit. • Use Sec Number of Ticket(s)/		al. • Use Section C to identii	
			Pass(es)			o the agency 5 policy
	BOS Dist 5		8	To reward a County the public or to enco	employee for his or he ourage staff developme	er exemplary service to ent
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
				Ceremonial Role	Other	Income
			:		al Role" or "Other" describe below:	
				Ceremonial Role	Other D of Role" or "Other" describe below:	Income
-	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	o the agency's policy

4. Verification

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

		Amy Shrago	Supervisor's Assistant	10/13/16
Sig	()	Print Name	Title	(Month, Day, Year)
Comment:				

AP	ublic	Docu	ment
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Agency Name Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact Amy Shrago Area Code/Phone Number (510) 272-6695 Function or Event Infor Does the agency have a ticke	(Name, Title) E-mail amy.shrago mation			Date Stamp	California Form 80 For Official Use Only
Division, Department, or Reg Board of Supervisors Designated Agency Contact Amy Shrago Area Code/Phone Number (510) 272-6695 Function or Event Infor Does the agency have a ticke	(Name, Title) E-mail amy.shrago mation				
Board of Supervisors Designated Agency Contact Amy Shrago Area Code/Phone Number (510) 272-6695 Function or Event Infor Does the agency have a ticker	(Name, Title) E-mail amy.shrago mation			Amondmort (the	For Official Use Only
Designated Agency Contact Amy Shrago Area Code/Phone Number (510) 272-6695 Function or Event Infor Does the agency have a ticke	E-mail amy.shrago	@acgov.org		Amondmont (there	
Designated Agency Contact Amy Shrago Area Code/Phone Number (510) 272-6695 Function or Event Infor Does the agency have a ticke	E-mail amy.shrago	@acgov.org		Amondmont (these	
Area Code/Phone Number (510) 272-6695 Function or Event Infor Does the agency have a ticke	amy.shrago mation	@acgov.org		Amondmont (these	
Area Code/Phone Number (510) 272-6695 Function or Event Infor Does the agency have a ticke	amy.shrago mation	@acgov.org		Amondmont (Hant	
(510) 272-6695 Function or Event Infor Does the agency have a ticke	amy.shrago mation	@acgov.org			ovide explanation in Part 3.)
Function or Event Infor Does the agency have a ticke	mation	wacgov.org	1	Date of Original Filing: _	
Does the agency have a ticke			·		(Month, Day, Year)
	at policy2			f Each Ticket/Deec @	126.00
– Le Maroon 5		Yes 🗌 No		f Each Ticket/Pass \$	
Event Description Maroon 5	Description Title (Free	1	Date(s)		///
	Flovide Hile/Exp	lanation	Calda	State Marriera	
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golder	Name of Sour	rce
Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso		
of agency official?		NO L Tes	If yes:	Official's Name (La	st, First)
		Pass(es)			
B. Name of Individua	al	Number of Ticket(s)/		Identify one of the following	9:
		Pass(es)			
Simpson, Michelle			Ceremonial Role	Other X I Role" or "Other" describe below:	Income
		. 4	To promote attenda	nce at a County sponse illity in order to maximiz	ored event or event e potential County re
			Ceremonial Role	Other D	Income
		Number of			1°
C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
Verification					

I have read and destribution set forth above, is in accordance with the requirements.

		Amy Shrago	Supervisor's Assistant	10/13/16
Signaj	ee	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document

						A Fublic Document
1.	1. Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name Title)		<u></u>		
		itanio, naoj				
	Amy Shrago				Amendment (Must pr	ovide explanation in Part 31
		E-mail				
_	(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 o	of Each Ticket/Pass \$	168.00
	Event Description Kanye Wes	st		Deta(a) 10) _ 22 _ 16	10 , 23 , 16
		Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no. Golder	n State Warriors	
		agonoy .			Name of Sou	rce
	Was ticket distribution made at	t the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?				Official's Name (La	ast, First)
•••	• Use Section A to identify the agency A. Name of Agency, Department		unit. • Use Sev Number of Ticket(s)/		al. • Use Section C to identi lic purpose made pursuant t	
			Pass(es)			
	BOS Dist 5	_	4	4 To reward a County employee for his or her exemplary service the public or to encourage staff development		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
				Ceremonial Role	Other 🛛	
	Simpson, Sam		2		al Role" or "Other" describe below:	
					ince at a County spons cility in order to maximi	ored event or event ze potential County rev
	Brown, James			Ceremonial Role	Other	Income
			2		nce at a County spons cility in order to maximiz	ored event or event ze potential County rev
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy

4. Verification

I have read and another stand 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	10/13/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document

					A Fublic Document
1.	Agency Name			Date Stamp	California 802
	Alameda County		Form 002		
	Division, Department, or Region (If Applicabl	-	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			1	
	Amy Shrago				
	Arrea Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695 amy.shrago	Annon in arr		Date of Original Filing: _	
-			· · · · · · · · · · · · · · · · · · ·		(Month, Day, Year)
۷.	Function or Event Information		- Easter		275.00
	Does the agency have a ticket policy?	Yes 🗌 No		of Each Ticket/Pass \$	
	Event Description Raiders vs. Seahawks		Date(s)	0 _ 01 _ 16	//
	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗋 No	If no: Oaklar	nd Raiders Name of Sou	
			-		rce
	Was ticket distribution made at the behest of agency official?	No 🗋 Yes	If yes: Carso	Official's Name (Li	oot Eiroti
•••	• Use Section A to identify the agency's department or A. Name of Agency, Department or Unit	unit. • Use Se Number of Ticket(s)/		al. • Use Section C to identi lic purpose made pursuant t	
		Pass(es)			
	BOS Dist 5	4		employee for his or he ourage staff developme	er exemplary service to
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	
	(Last, First)	Pass(es)			g.
			-	Other	Income 🗖
			Ceremonial Role	Other describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	o the agency's policy

4. Verification

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

		Amy Shrago	Supervisor's Assistant	10/01/16
Signatu	ю	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Docume

_						A Fublic Documen
1.	Agency Name				Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Reg	ion (If Applicab	le)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name,Title)			-	
	Amy Shrago Area Code/Phone Number				Amendment (Must p	rovide explanation in Part 3.)
		E-mail	0			
_	(510) 272-6695		@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor					275.00
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value	of Each Ticket/Pass \$ _	275.00
	Event Description Raiders vs			Date(s)1	1 <u>, 06 , 16</u>	1 1
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: Oakla	nd Raiders	<u></u>
				_	Name of Sou	urce
	Was ticket distribution made a of agency official?	it the behest	No 🗋 Yes	If yes: Carso	On, Keitn Official's Name (L	and (Time)
	Recipients					.dsi, Filsi)
	A. Name of Agency, Departme		Ticket(s)/ Pass(es)		olic purpose made pursuant	
	B. Name of Individua		Number of Ticket(s)/		Identify one of the following	
	(Last, First)		Pass(es)			
	Carson, Keith			Ceremonial Role	ial Role" or "Other" describe below:	Income
			4	To review the ability		rator to participate in the programs.
				Ceremonial Role If checking "Ceremoni	Other I al Role" or "Other" describe below:	Income
•	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy

4. Verification

I have read on understand EPEC 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	10/13/16
Signalar of the transformer of Socience	Print Name	Title	(Month, Day, Year)

Comment: _

A Public Document

1.	Agency Name		uter a dat to adam	್ರ್ಯಾಂಟ್ ಪ್ರಾಂತ್ ಸ್ಟಾರ್ ಸ್ಟ್ರಾನ್ ಸ್ಟಾರ್ ಸ್ಟ್ರಾನ್ ಸ್ಟಾರ್ ಸ್ಟ್ರಾನ್ ಸ್ಟಾರ್ ಸ್ಟ್ರಾನ್ ಸ್ಟಾರ್ ಸ್ಟ್ರಾನ್ ಸ್ಟಾರ್ ಸ್ಟ್ರಾ	Date Stamp	California 000
	Alameda County				p	Form 802
	Division, Department, or Reg	ion (If Applicable	;)	<u></u>	-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name Title)	-			
		ivanio, nioj				
	Sarah Oddie	1.00 11			Amendment (Must)	provide explanation in Part 3.)
	Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie	@acqov org		Date of Original Filing:	
1	Function or Event Infor		wacgov.org			(Month, Day, Year)
Ζ.	Does the agency have a ticke				of Each Ticket/Pass \$	\$250 ticket/\$30 parking
			Yes 🛛 No			
	Event Description Basketbai	Provide Title/Expl	anotion	Date(s)) 4 16	//////
			anauon	Golder	n State Warriors	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗋 No		Name of Sc	purce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
	of agency official?				Official's Name ((Last, First)
3	Recipients	NOCE 1: 19 13 0 5	ក្នុងស្នង 🚈			
	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 ider	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
					41 -	
	B. Name of Individua (Last First)	ał	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
					Other	Income
	Bernstein, Barbara		2+p	•	ial Role" or "Other" describe below:	
					ance at a(n) event r ootential County revei	neld at a County facility in nue
				Ceremonial Role	Other	
			0		ial Role" or "Other" describe below:	
			2+p			
			Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
			1 435(03)			
4.	Verification	este over de				

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	10.14.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

		AT A DESCRIPTION OF A D			1	California CO	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form For Official Use Only	
Ī	Division, Department, or Regi	on (If Applicabl	le)			For Official Ose Only	
	Board of Supervisors						
Ĩ	Designated Agency Contact (Name, Title)	1				
	Sarah Oddie		Amondmont (Musi	newide evelopetion in Port 21			
7	Area Code/Phone Number	E-mail	·····	99-9	_ C 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	nation					
	Does the agency have a ticke		Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	\$250 ticket	
1	Event DescriptionBasketball	Game		Date(s)1() 4 16	//	
		Provide Title/Exp	planation				
-	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	01//24	
,		4 4 h - 1 1 4		— Chan	Wilma		
,	Was ticket distribution made a of agency official?	t the benest	No 🗌 Yes	If yes: Chan	Official's Name	(Last, First)	
-	and the second		10-10-10-10-0				
	• Use Section A to identify the agency	/'s department o	runit. ♦ Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.	
			Number of				
	A. Name of Agency, Department or Unit		Ticket(s)/ Describe the pl Pass(es)		iblic purpose made pursuant to the agency's policy		
_							
_							
-							
-	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
-	(Last, First)	1	Ticket(s)/	Ceremonial Role	Other	Income	
-	B. Name of Individua (Last Frot) Alexander, Shaniece	1	Ticket(s)/	If checking "Ceremor		Income	
-	(Last, First)	1	Ticket(s)/ Pass(es)	if checking "Ceremon To reward a comm	Other	Income	
-	(Last, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm public Ceremonial Role	Other	Income	
-	(Last, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm public Ceremonial Role	Other	Income	
-	Alexander, Shaniece		Ticket(s)/ Pass(es) 2 2 Number of	if checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Other itial Role" or "Other" describe below: nunity volunteer for his Other Other itial Role" or "Other" describe below:	Income	
-	(Last, First)	ization	Ticket(s)/ Pass(es) 2 2	if checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Other	Income	
-	Alexander, Shaniece	ization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	if checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Other itial Role" or "Other" describe below: nunity volunteer for his Other Other itial Role" or "Other" describe below:	Income	
-	Alexander, Shaniece	ization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	if checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Other itial Role" or "Other" describe below: nunity volunteer for his Other Other itial Role" or "Other" describe below:	Income	
-	Alexander, Shaniece	ization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	if checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Other itial Role" or "Other" describe below: nunity volunteer for his Other Other itial Role" or "Other" describe below:	Income	
	Alexander, Shaniece C. Name of Outside Organ (include address and des	ization cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon Describe the put	Other	Income	
	Alexander, Shaniece C. Name of Outside Organ (include address and des	ization cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	if checking "Ceremon To reward a comm public Ceremonial Role if checking "Ceremon Describe the put	Other itial Role" or "Other" describe below: nunity volunteer for his Other Other itial Role" or "Other" describe below:	Income	

1.	Agency Name	c est trainina anna 1		telige de la constant	Date Stamp	California Form 802
	Alameda County Division, Department, or Reg	on (lf andischi	-)			For Official Use Only
	Division, Department, of Reg	ion (II Applicabl				
	Board of Supervisors		<u>1994 </u>			
	Designated Agency Contact (Name, Title)				
	Sarah Oddie				Amendment (Must pr	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			_	
(==t;f	(510) 272-6693		@acgov.org	1970	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform			_		\$250
	Does the agency have a ticke		Yes 🛛 No	longond	f Each Ticket/Pass \$	
	Event Description Basketball	Game		Date(s)	21, 16	//
			lanation	Galder	o State Warriors	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No		n State Warriors Name of Sou	urce
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (L	əst, First)
3.	• Use Section A to identify the agency	i'n denastment er	<u> </u>	tion D to identify an individu	ual a Use Section C to ident	ifu an outside organization
			Number of			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	e public purpose made pursuant to the agency's policy	
					a).	
	B. Name of Individua (Lost Past)	al and a second s	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
					Other	
	Chan, Ed		4	To promote attenda	ial Role" or "Other" describe below: ance at a(n) event he potential County reven	eld at a County facility in
				Ceremonial Role		
			4		iai Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
4.	Verification	а — та —		e <u>e a normal a s</u> ara na sara		the requirements
	The second s	auuns 10944.1 and			orth above, is in accordance with	
			Sarah Oc		Supervisor's Assistant	10.14.2016 (Month, Day, Year)
						······································
	Comment:			<u></u>		FPPC Form 802 (4/12)

-	eremonial Role Even	no unu ne				A Public Document
1.	Agency Name			ngan anar ngar ngar	Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	gion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	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	rmation		a na air		
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$137.25
	Event Description Bad Boy I	Family Reunic			9 <u>, 30 , 16</u>	1 1
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	by agency?	Yes 🔲 No	If no: Golde	n State Warriors	
					Name of So	urce
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Char	Official's Name (I	ast. First)
_						an malaat a ka S
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
			Number of			
	A. Name of Agency, Departm	ient or Unit	Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursuant	to the agency's policy
		<u> </u>				1
	B. Name of Individu	Jal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	- (Lasi, Hr84	Jal	Number of Ticket(s)/	Ceremonial Role	Other	ng:
	B. Name of Individu (Lasi, Firsh Weinstein, Miguel	Jal	Number of Ticket(s)/ Pass(es)	If checking "Ceremo	Other D	Income
	- (Lasi, Hr84	Jal	Number of Ticket(s)/	If checking "Ceremo To promote attend	Other D	Income
	- (Lasi, Hr84	ıal	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend	Dther D nial Role" or "Other" describe below: ance at a(n) event h	Income
	- (Lasi, Hr84	Jal	Number of Ticket(s)/ Pass(es) 2	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Dther D nial Role" or "Other" describe below: ance at a(n) event h potential County rever	Income
	- (Lasi, Hr84	Jal	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other Other or "Other" describe below: ance at a(n) event h potential County rever Other	Income
	Weinstein, Miguel		Number of Ticket(s)/ Pass(es) 2 2	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Other describe below: ance at a(n) event h potential County rever Other Other Other	Income
	- (Lasi, Hr84	Inization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Other or "Other" describe below: ance at a(n) event h potential County rever Other	Income
	Weinstein, Miguel	Inization	Number of Ticket(s)/ Pass(es) 2 2 Number of	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Other describe below: ance at a(n) event h potential County rever Other Other Other	Income
	Weinstein, Miguel	Inization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Other describe below: ance at a(n) event h potential County rever Other Other Other	Income
	Weinstein, Miguel	Inization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Other describe below: ance at a(n) event h potential County rever Other Other Other	Income
	Weinstein, Miguel	Inization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other Other describe below: ance at a(n) event h potential County rever Other Other Other	Income

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOL For Official Use Only
	Division, Department, or Region	n (If Applicabl	e)			
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)				
	Sarah Oddie				Amendment (Must pro	ovide explanation in Part 3.)
		-mail				
	(510) 272-6693 s	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	ation				\$149.50
	Does the agency have a ticket p	oolicy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	
	Event Description Sia			Date(s)10	01 , 16	//////
	EVent Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🔲 No	If no: Golder	n State Warriors Name of Sou	rao
			_	Chan		
	Was ticket distribution made at t of agency official?	the behest	No 🗌 Yes	If yes: Chan	Official's Name (L	ast, First)
-		. 11 ma - 80 ma - 8 b c				
3.	• Use Section A to identify the agency's	department or	unit. ● Use Sec	tion B to identify an individu	Ial. • Use Section C to identi	fy an outside organization.
			Number of		lic purpose made pursuant t	
	A. Name of Agency, Department	or Unit	Ticket(s)/ Pass(es)	Describe the pub	inc purpose made pursuant	to the agency a policy
		<u></u>				<u></u>
	R Name of Individual			1.1		
	B. Name of Individual (Last First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
					Other	income
	Kubo, Theresa		4	-	ial Role" or "Other" describe below:	d at a County facility in
				To promote attendance at a(n) event held at a County fa order to maximize potential County revenue		
		•		Ceremonial Role		income
				-	ial Role" or "Other" describe below:	
			4			
			Number of			
	C. Name of Outside Organiza (include address and descr	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy	
4.	Verification		المدر معموم الامرية مي المرك <mark>ا</mark> لمورد		- 1	
3		ons 18944.1 an	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance with	h the requirements.
		21	Sarah Oo	ddie	Supervisor's Assistant	10.28.2016
1	Signature of Agency Head or Designee		Print Nam	ie	Title	(Month, Day, Year)
D						
	Comment:					

						and the second s
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OOZ		
	Division, Department, or Reg	ion (If Applicat	ole)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	-			
	Sarah Oddie					
	Area Code/Phone Number	E-mail	_	rovide explanation in Part 3.)		
	(510) 272-6693	sarah.oddi	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				¢00 F0
	Does the agency have a ticke	t policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	
	Event Description Dixie Chic	ks		Date(s) 1	10 , 07 , 16	1 1
		Provide Title/Ex		,,		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Golder				en State Warriors Name of Sou	
						urce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Cha	Official's Name (I	ast. First)
	And a state of the	16.2 - 0 - 1-			و میں دیکھ سیامیس ہو سولان کی 2	. and the provide the second s
3.	• Use Section A to identify the agency	v's department c	or unit. 👒 Use Sec	tion B to identify an indivi	dual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		ublic purpose made pursuant	
			Pass(es)			
			Fa35(65)			
			Fa35(63)		······································	
			F 433(63)			
			F435(63)			
	B. Name of Individua (Lest Froth	ai	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	(Lest First)	al	Number of Ticket(s)/	Ceremonial Role	Other	ing:
	B. Name of Individua (Lest Frot) Greenwald, Sue	ai	Number of Ticket(s)/	If checking "Cerem	Other onial Role" or "Other" describe below:	Income
	(Lest First)	al	Number of Ticket(s)/ Pass(es)	If checking "Cerem	Other	Income
	(Lest First)	ai	Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr public	onial Role" or "Other D nunity volunteer for his	Income
	(Lest First)	al	Number of Ticket(s)/ Pass(es) 2	If checking "Cerem To reward a comr public Ceremonial Role	Other onial Role" or "Other" describe below: nunity volunteer for his	Income
	(Lest First)	al	Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr public Ceremonial Role	Other onial Role" or "Other" describe below: munity volunteer for his Other	Income
	Greenwald, Sue		Number of Ticket(s)/ Pass(es) 2 2	If checking "Cerem To reward a comr public Ceremonial Role If checking "Ceremo	Other	Income
	(Lest First)	nization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a comr public Ceremonial Role If checking "Ceremo	Other onial Role" or "Other" describe below: munity volunteer for his Other	Income
	C. Name of Outside Organ	nization	Number of Ticket(s)/ Pass(es) 2 2 Number of	If checking "Cerem To reward a comr public Ceremonial Role If checking "Ceremo	Other	Income
	C. Name of Outside Organ	nization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a comr public Ceremonial Role If checking "Ceremo	Other	Income
	C. Name of Outside Organ	nization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a comr public Ceremonial Role If checking "Ceremo	Other	Income
	C. Name of Outside Organ	nization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a comr public Ceremonial Role If checking "Ceremo	Other	Income
	C. Name of Outside Organ (include address and des	nization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a comr public Ceremonial Role If checking "Ceremo	Other	Income
4.	C. Name of Outside Organ	nization scription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Cerema To reward a comr public Ceremonial Role If checking "Cerema Describe the pu	Other	Income
4.	C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerema Describe the pu	Other	Income or her service to the Income Income to the agency's policy

-						Ter and Boodinon	
1. A	gency Name				Date Stamp	California 802	
	Alameda County					Form OO2 For Official Use Only	
D	ivision, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
В	Board of Supervisors						
D	esignated Agency Contact (Name, Title)	-				
S	Sarah Oddie						
Ā	rea Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(!	510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2. F	unction or Event Inform	mation	it marks and	and a set of the set of			
Ď	oes the agency have a ticke	t policy?	Yes 🗵 No	Face Value c	of Each Ticket/Pass \$ _	\$89.50	
	vent Description Dixie Chic	ks		Data(s) 10), 07, 16		
L	vent Description	Provide Title/Exp	olanation			//	
Ti	icket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: Golder	n State Warriors Name of Soc		
						urce	
	/as ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Chan	, VVIIIIa Official's Name (L	.ast, First)	
The second second	na n	- کمزمید مزدهر زماره			ny may any anno a a factor car satas distantina.		
	Recipients Use Section A to identify the agency	/'s department o	r unit. ∵≉ Use Seo	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
A			Number of		lic purpose made pursuant		
3 ⁻⁴	Name of Agency, Departme	ant or Unit	Ticket(s)/ Pass(es)	Describe the pap	nic purpose made pursuant	to the agency's policy	
-					×.		
B	B. Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
_				Ceremonial Role		Income	
Р	'almer de Frank, Sarah		2	To promote attenda	nial Role" or "Other" describe below: ance at a(n) event held at a County facility potential County revenue		
_		·····-					
	C. Name of Outside Organization (include address and description)		2		ial Role" or "Other" describe below:	Income	
c			Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
4. V	' (include address and des	cription) lations 18944.1 ar	Ticket(s)/ Pass(es)	prified that the distribution set for	ilic purpose made pursuant forth above, is in accordance wit Supervisor's Assistant Tille	h the requirements.	

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$99.75 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗆 Event Description WWE Monday Night Raw 10 , 10 16 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? 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 Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: Ticket(s)/ Last First Pass(es) Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Franco, Roxanna 4 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: 4 Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

Verification 4

I hav

3.

A.

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C.

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

	٩	Sarah Oddie	Supervisor's Assistant	10.13.2016
\overline{Z}	ыдпаште от кделсу теао от резиднее	Print Name	Title	(Month, Day, Year)

Comment: ____

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 \$89.25 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Golden State Music Festival Date(s) <u>10</u> <u>14</u> 16 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source lf yes: <u>Chan, Wilma</u> Was ticket distribution made at the behest No 7 Yes X 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 Å. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Linst, First) Pass(es) Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) To reward a school or nonprofit organization for its contributions Beyond Emancipation, 675 Hegenberger 4 to the community Rd #100. Oakland, CA 94621 Services to support current & former foster youth in transition to adulthood 4. Verification vaulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I ha Supervisor's Assistant 10.13.2016 Sarah Oddie Print Name Title (Month, Day, Year) nee Comment: _

Ceremonial Role Events and Tic	cket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County				Form OUZ	
Division, Department, or Region (If Applicable	le)		1	For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)			-		
Sarah Oddie					
Area Code/Phone Number E-mail		<u> </u>	Amendment (Must p	rovide explanation in Part 3.)	
	@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 \$ _	\$126	
Event Description Maroon 5 ft. Tove Love			0,16,16	/	
Event Description Provide Title/Exp	planation	Date(s)	//	/	
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	No 🗌 Yes	If yes: Char	n, Wilma Official's Name (I	ast First)	
of agency official?				_asi, Filsi/	
3. Recipients		an marine and an analysis		life an extende anneairation	
Use Section A to identify the agency's department of	se Section A to identify the agency's department or unit. • Use Section B to identify an individ Number of				
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
B. Name of Individual	Number of		11 dife and af the fallent		
D. iLast, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
		Ceremonial Role	Other	Income	
Brown, Siena	4		nial Role" or "Other" describe below:	ald at a County facility in	
		To promote attendance at a(n) event held at a County face order to maximize potential County revenue			
·		Ceremonial Role	Other	Income	
			nial Role" or "Other" describe below:		
	4				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy	
	Pass(es)				
,					
4. Verification	id 18942. I have ve	erified that the distribution set	forth above, is in accordance wi	th the requirements.	
	Sarah Oo		Supervisor's Assistant		
Signature of Agensy. Head or Designee	Print Nam		Title	(Month, Day, Year)	
Comment:					

Ceremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Documen
I. Agency Name		- • • • • • • •		Date Stamp	California 802
Alameda County					the Contract of the
Division, Department, or Reg	gion (If Applicable	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)		······	1	
Sarah Oddie					
Area Code/Phone Number	E-mail				provide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month. Day. Year)
. Function or Event Infor	mation				
Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$110.25
				0 , 19 , 16	///
Event Description R. Kelly:	Provide Title/Exp	lanation	Date(s)		//
Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	IST If no: Golde	en State Warriors	-
	ij ugonoj .			Name of So	urce
Was ticket distribution made	at the behest	No 🔲 Yes	If yes: Char	n, Wilma Official's Name (1 and [impl
of agency official?					Lasi, Filsi)
8. Recipients				La la la contine O to la	atf
Use Section A to identify the agent	cy's department or	Number of			
A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	<u> </u>				
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role		Income
Anderson, Carl Juan		2	-	onial Role" or "Other" describe below:	eld at a County facility ir
				potential County rever	
			Ceremonial Role	Other	Income
		2	If checking "Ceremo	onial Role" or "Other" describe below:	
		2			
				···	
C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	t to the agency's policy
		Pass(es)			
	······································				e e constante e constantes e cons
Verification	no 10044 d	d 10010 / have	witing that the distribution and	forth above, is in accordance wi	ith the requirements
1	ns 76944.1 an				
Simply of Association Content		Sarah O		Supervisor's Assistan	t 10.13.2016 (Month, Day, Year)
Signature of Agency Head or Designe	ए	Pina Nan	10	1100	
Comment:					<u></u>

Comment: _____

C	eremonial Role Ever	ts and Tic	ket/Pass	Distributions		A Public Documen
1.	Agency Name	الكنفي المورك مرزم			Date Stamp	California 802
	Alameda County			Form 002		
	Division, Department, or Reg	jion (If Applicabl	(e)	<u> </u>	1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	1			
	Sarah Oddie					
	Area Code/Phone Number	E-mail				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				£400
	Does the agency have a ticke		Yes 🛛 No		of Each Ticket/Pass \$ _	
	Event Description	umer	0,20,16	///		
		Provide Title/Exp	8			
	Ticket(s)/Pass(es) provided b	y agency?	en State Warriors	ource		
	Was ticket distribution made	at the behave		Char		54,60
	of agency official?	at the benest	No 🗌 Yes	If yes: Char	Official's Name	(Last, First)
2	Recipients	TT - 273 ALIAN BUTT.		а <u>поче — — — — — — — — — — — — — — — — — — —</u>		
).	• Use Section A to identify the agend	cy's department or	runit. • Use Sec	tion B to identify an individ	Iual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of 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	dina:
	D. (Last, First)		Ticket(s)/ Pass(es)		Identity one of the follow	
	Brokka Mionnor Lukas				Dther Dther or "Other" describe below:	Income
	Brekke-Miesner, Lukas		2		nunity volunteer for his	
				public	ianity relation of the	
				Ceremonial Role	Other	income [
			2	If checking "Ceremo	nial Role" or "Other" describe below:	
	C Name of Outside Organization		Number of Ticket(s)/	Describe the pu	ublic purpose made pursuant to the agency's policy	
	(include address and de	scription)	Pass(es)			
					5	
1	Verification			10-2-13-1-1-2	50 g 6 5 (m 6 55 m 1 4 1	
	I hav	ions 18944.1 an	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.
			Sarah Oo	ddie	Supervisor's Assistar	nt 10.13.2016
	VSignature of Agency Head or Designe	e	Print Nam	ne	Title	(Month, Day, Year)

1.	Agency Name		-based dealer of 200 benedi		Date Stamp	California 802	
	Alameda County			Form 002			
	Division, Department, or Regi	on (If Applicabl		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (/	Vame, Title)					
	Sarah Oddie		Amendment (Must pr	ovide explanation in Port 2.1			
	Area Code/Phone Number	E-mail					
	(510) 272-6693	107 (m) 107 (m)	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	nation				\$126	
	Does the agency have a ticket		Yes 🛛 No		f Each Ticket/Pass \$	······	
	Event Description Amy Schur	mer		Date(s)10	, 20 , 16	//	
		Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided by	agency?	n State Warriors	1779			
	Mar 1-1-1 P-1 9 P	- + la - 1					
	Was ticket distribution made at of agency official?	i ine behest	, Wilma Official's Name (L	.ast, First)			
-							
ა.	• Use Section A to identify the agency	's department o	runit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individua		Number of		Identify one of the followi		
	(Last, First)			Identity one of the finitian	ng:		
			Ticket(s)/ Pass(es)				
	Miller Kristi		Ticket(s)/	Ceremonial Role	Other		
	Miller, Kristi		Ticket(s)/	If checking "Ceremon	Other D	Income	
	Miller, Kristi		Ticket(s)/ Pass(es)	If checking "Ceremon	Other	Income	
	Miller, Kristi		Ticket(s)/ Pass(es)	If checking "Ceremon To reward a commi public Ceremonial Role	Other Other ial Role" or "Other" describe below: unity volunteer for his Other Other	Income	
	Miller, Kristi		Ticket(s)/ Pass(es)	If checking "Ceremon To reward a commi public Ceremonial Role	Other Other Other Other describe below: unity volunteer for his	Income	
	Miller, Kristi		Ticket(s)/ Pass(es) 2	If checking "Ceremon To reward a commi public Ceremonial Role	Other Other ial Role" or "Other" describe below: unity volunteer for his Other Other	Income	
	Miller, Kristi C. Name of Outside Organi (include address and desc	zation	Ticket(s)/ Pass(es) 2	If checking "Ceremon To reward a commi public Ceremonial Role If checking "Ceremon	Other Other ial Role" or "Other" describe below: unity volunteer for his Other Other	Income	
	C Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To reward a commi public Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below: unity volunteer for his Other Other ial Role" or "Other" describe below:	Income	
	C Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To reward a commi public Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below: unity volunteer for his Other Other ial Role" or "Other" describe below:	Income	
	C Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To reward a commi public Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below: unity volunteer for his Other Other ial Role" or "Other" describe below:	Income	
	C. Name of Outside Organi (include address and desc	zation cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a commi- public Ceremonial Role If checking "Ceremon Describe the pub	Other	Income	
	C. Name of Outside Organi (include address and desc	zation cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a commi- public Ceremonial Role If checking "Ceremon Describe the pub	Other ial Role" or "Other" describe below: unity volunteer for his Other Other ial Role" or "Other" describe below:	Income	

1. Agency Name		n an fe a	Date Stamp	California 802		
Alameda County				Form OUZ For Official Use Only		
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)					
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@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)		
2. Function or Event Information				\$168		
	Yes 🛛 No		f Each Ticket/Pass \$			
Event Description Kanye West: The Saint F		/				
Flovide Therexpis	n State Warriors					
Ticket(s)/Pass(es) provided by agency?	Ticket(s)/Pass(es) provided by agency? Yes I No X If no:					
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Chan,	Wilma Official's Name (L	ast, First)		
 Recipients Use Section A to identify the agency's department or u 	unit a Lise Sec	tion B to identify an individu	al. • Use Section C to identi	fy an outside organization.		
*						
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy		
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	10:		
iLast First:	Pass(es)			-		
Lay, Christine	4	To promote attenda	Definition of "Other" describe below: ance at a(n) event held at a County facility potential County revenue			
		Ceremonial Role	Other	Income		
	4		al Role" or "Other" describe below;			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	to the agency's policy		
				THE L		
4. Verification	18012 1 6000	arified that the distribution est fo	orth above, is in accordance with	the requirements		
Th 3944.1 and						
Signature of Agency Head or Designee	Sarah Oo Print Nam		Supervisor's Assistant	10.13.2016 (Month, Day, Year)		
Comment:				FPPC Form 802 (4/12)		

-					<u> </u>	
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form CO2		
	Division, Department, or Reg	ion (If Applicab		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pr	
	(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing: .	(Month Day Year)
2.	Function or Event Infor			and the state of the	ei ei gra	
	Does the agency have a ticke		Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	\$168
	Event Description Kanye We		, 23 , 16	//		
	Event Description	Provide Title/Ex	planation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency?	n State Warriors			
		y agonoy.	Name of Sou	irce		
	Was ticket distribution made a	it the behest	If yes: Chan	, Wilma Official's Name (L		
	of agency official?				Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency	y's department o				
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
			(433(68)			
	B. Name of Individua	Number of		Identify one of the followi	no	
	(Last First)		Ticket(s)/ Pass(es)			
				Ceremonial Role		Income
	Mahones, Danielle		2		ial Role" or "Other" describe below: unity volunteer for his (or her convice to the
				public	unity volunteer for his t	
				Ceremonial Role	Other	Income
					al Role" or "Other" describe below:	
			2			
	C. Name of Outside Organ (include address and des	ization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include address and des	chpuon)	Pass(es)			
4.	Verification					
	l ha	าร 18944.1 ar			orth above, is in accordance with	
		/ — ——	Sarah Oo		Supervisor's Assistant	
2	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
	Commont					
	Comment:					FPPC Form 802 (4/12)

1. Agency Name	To Server	<u>第</u> 年初は今夕		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				Amendment (Must pr	rouide overlagation 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 Inform	mation		In 24 million in a second s		¢400
Does the agency have a ticke	t policy?	Yes 🔀 No		f Each Ticket/Pass \$	
Event Description Kanye We	st: The Saint F	, 23 , 16	//		
Ticket(s)/Pass(es) provided b	y agency?	n State Warriors Name of Sou			
Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (L	.ast, First)
3. Recipients • Use Section A to identify the agency	γ's department or ι	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departme	nt or Unit	lic purpose made pursuant	to the agency's policy		
B. Name of Individua	11	Number of Ticket(s)/		Identify one of the follow	ng:
		Pass(es)	Ceremonial Role	Other	Income
Delgado, Francesca		2	To promote attenda	onial Role [®] or "Other" describe below: dance at a(n) event held at a County facil potential County revenue	
		2	Ceremonial Role If checking "Ceremon	Other	Income
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
4. Verification			reconstruction and a state of a state		
4. Verification	'~'ions 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements.

	Sarah Oddie	Supervisor's Assistant	10.13.2016
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

1. Agency Name

Α.

Β.

C.

4

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.cddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$50.50 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description Disney on Ice: Passport to Adventure 10 26 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: <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 Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: Ticket(s)/ Lasi Cirst Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) To reward a school or nonprofit organization for its contributions Woodstock Child Development Center, 4 500 Pacific Ave. Alameda, CA 94501 to the community Subsidized preschool & before & after school programs for low-income families Verification egulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

-Sarah Oddie Supervisor's Assistant 10.28.2016 gnee Title (Month, Day, Year) Print Name

A Public Document

California Form

Date Stamp

1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OUZ		
	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 pi	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	nation			- 12 Hard	
	Does the agency have a ticke		of Each Ticket/Pass \$	\$50.50		
	Event Description Disney on	Ice: Passpor) , 27 , 16	//		
	Ticket(s)/Pass(es) provided by		n State Warriors			
	Tickel(s)/Pass(es) provided by	y agency :	Name of Sol	urce		
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (L	.ast, First)
3.	Recipients	n - Ange			Garanteen allow water a loss from the part and a partnersh	n a general construction of the second state of the second s
	Use Section A to identify the agency	's department or	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)		blic purpose made pursuant to the agency's policy		
	B. Name of Individua (Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
			2		Other	Income
	Geisner, Ben			If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a Co order to maximize potential County revenue		
			_	Ceremonial Role	Other D	
			2		ial Role" or "Other" describe below:	
	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
-		(s] ==1-1			5 (c) (40 , 50) (c) c	
4.	Verification	itions 18944.1 an	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance wit	h the requirements.
			Sarah Oo		Supervisor's Assistant	
1	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
V						
	Comment:				· · · · · · · · · · · · · · · · · · ·	FPPC Form 802 (4/12)

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 \$50.50 Face Value of Each Ticket/Pass \$ ____ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Disney on Ice: Passport Adventure Date(s) 10 , 27 , 16 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source lf yes: <u>Chan, Wilma</u> Was ticket distribution made at the behest No TYes X 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 А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Identify one of the following: Ticket(s)/ Last Fust Pass(es) Other Ceremonial Role Income Verdin, Rocio 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)/ (include address and description) Fass(es)

4. Verification

I have fead and understand FPP® Redulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

ß	/	Sarah Oddie	Supervisor's Assistant	10.13.2016
	-	Print Name	Title	(Month, Day, Year)

Comment: _

9 y ment, or Region (If Applic				California Form 802
	- 6 (-)		1	A CONTRACTOR OF
	aple)		-	For Official Use Only
visors				
ncy Contact (Name, Title)			4	
e Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
sarah.od	die@acgov.org		Date of Original Filing: _	(Month, Day, Year)
vent Information			e l	
have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$50.50
Disney on Ice: Passr	port to Adventur	e Data(a) 10), 28, 16	1 1
Provide Title/	Explanation			//
) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors	
ution mode at the hole.		- Chan		ce
	No 🗌 Yes	If yes: Online	Official's Name (La	ast, First)
enaniao (243) es 69 a			a a partera pagadan garturan jama manana .	ಸರ್ವಾಪ್ ಕ್ರಾ ^{ರ್} ಗಾದ ವಾಣವಾ ಪ್ರಕ್ರಾಮಕ್ರ್ ನಿಗ್ರದ ಕಂತ.
entify the agency's departmen	torunit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identif	ly an outside organization.
ency, Department or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant t	o the agency's policy
	Pass(es)			
me of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Other	ig: Income
				Income
	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant t	o the agency's policy
	226 4			
	for			
ations 18944.1			orth above, is in accordance with	
			and the second	10.28.2016
r neau ar Designee	Print Nam	e	Title	(Month, Day, Year)
	sarah.od Event Information v have a ticket policy? n Disney on Ice: Passp Provide Title/ s) provided by agency? bution made at the behes al? entify the agency's department rency, Department or Unit me of Individual (Last Evel) Toutside Organization ddress and description) ration & Parks Dept., 22 e, Alameda, CA 94501 & recreation programs a	sarah.oddie@acgov.org Event Information have a ticket policy? Yes 🖾 No Disney on Ice: Passport to Adventur Provide Title/Explanation s) provided by agency? Yes 🗌 No pution made at the behest No 🗌 Yes entify the agency's department or unit • Use Sec rency, Department or Unit Number of Ticket(s)/ Pass(es) nume of Individual Number of (Last Evel) Pass(es) coutside Organization Number of Ticket(s)/ Pass(es) eation & Parks Dept., 2226 4 e. Alameda, CA 94501 4 & recreation programs for 4 stions 18944.1 and 18942. I have very	sarah.oddie@acgov.org Event Information r have a ticket policy? Yes ⊠ No □ Face Value of Disney on Ice: Passport to Adventure n Disney on Ice: Passport to Adventure Date(s)10 Provide Title/Explanation Date(s)10 s) provided by agency? Yes □ No ⊠ If no: Golde oution made at the behest No □ Yes ⊠ No □ Yes: Char al? entify the agency's department or unit. • Use Section B to identify an individ iency, Department or Unit Number of Ticket(s)? ume of Individual (Law brod) Number of Ticket(s)? Describe the put Pass(es) if Outside Organization ddress and description) Number of Ticket(s)? Describe the put Pass(es) if Outside Organization ddress and description) Number of Ticket(s)? Describe the put Pass(es) if Outside Organization ddress and description) Number of Ticket(s)? Describe the put Pass(es) if outside Organization description) Number of Ticket(s)? Describe the put Pass(es) if address and description) Sara(See) Describe the put Pass(es) if address and description) Sara(See) Describe the distribution set is actions 18944.1 and 18942.1 have verified that the distribution set is Sarah Oddie	sarah.oddie@acgov.org Date of Original Filing:

1. A	gency Name	3 5 - Tool Good Dood Dool 25 - 2000	Date Stamp	California 802			
Al	ameda County		-	Form UUZ			
Div	vision, Department, or Reg	ion (If Applicable		For Official Use Only			
Bo	pard of Supervisors						
De	signated Agency Contact (Name, Title)					
Sa	arah Oddie		Amendment (Must or	ovide evolution in Part 3)			
Ar	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)		
	10) 272-6693	@acgov.org	the second s	Date of Original Filing:(Month, Day, Year)			
	Function or Event Information					\$55.50	
	es the agency have a ticke			of Each Ticket/Pass \$			
Ev	ent Description Disney on	Adventure Date(s)		29,16	///		
	Provide Title/Explana						
Tic	ket(s)/Pass(es) provided by	Yes 🗌 No 🛛 🛛 If no: Goide		n State Warriors Name of Source			
Wa	as ticket distribution made a	No 🗋 Yes 🛛 🛛 If yes: Char		n, Wilma			
	f agency official?		ES 11 yes	n, Wilma Official's Name (Last, First)			
3. Re	Recipients						
• U	• 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.	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the pu Pass(es)		blic purpose made pursuant to the agency's policy		
В.	B. Name of Individual (Last First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:		ng:	
D.,	Brown, Maddie		4		Other	lincome	
DI				If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue			
	<u></u>			Ceremonia! Role	Other	Income	
	2		4	If checking "Ceremon	ial Role" or "Other" describe below:		
C.	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 Ve	rification	serve in the second					
l hav		ons 18944.1 and	orth above, is in accordance with	the requirements.			
	*Signature of Agency Head or Designee			ldie	Supervisor's Assistant	10.13.2016	
7				e	Title	(Month, Day, Year)	
~							
00	omment:					FPPC Form 802 (4/12)	

Sarah Oddie			Date Stamp	California Form 802		
Division, Department, or Region Board of Supervisors Designated Agency Contact (Nar. Sarah Oddie			- 1	the second s		
Board of Supervisors Designated Agency Contact (Nar Sarah Oddie				For Official Use Only		
Designated Agency Contact (Nar. Sarah Oddie	no Titlo)					
Sarah Oddie	no Titlo)	÷.				
	ne, nue)	Designated Agency Contact (Name, Title)				
	mail	Amendment (Must provid				
(510) 272-6693 sa	arah.oddie@acgov.o	rg	Date of Original Filing:			
Function or Event Informa	tion					
Does the agency have a ticket po	olicy? Yes 🗙 N	lo 🗌 🛛 Face Value	of Each Ticket/Pass \$	\$55.50		
Event Description Disney on Ice		10 , 30 , 16	//			
Ticket(s)/Pass(es) provided by ag		en State Warriors Name of Source				
Was ticket distribution made at th	e behest 🛛 No 🗖 Ye	es 🛛 If yes: <u>Cha</u>				
of agency official?		Official's Name (Last,	First)			
Recipients	<u></u>	<u></u>				
• 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 o	r Unit Number o Ticket(s)/ Pass(es)	Describe the p	blic purpose made pursuant to the agency's policy			
B. Name of Individual (Last, First)	Number o Ticket(s)/ Pass(es)	(Identify one of the following:			
Yusef, Majid		Ceremonial Role				
ruser, iviaju	4	To promote atten	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue			
		Ceremonial Role	e 🗌 Other 🛄	Income		
	4		nial Role" or "Other" describe below:			
C. Name of Outside Organizati (include address and descrip		Describe the pu	Describe the public purpose made pursuant to the agency's policy			
Verification	ns 18944.1 and 18942. I have	verified that the distribution se	t forth above, is in accordance with the	a requirements.		
	Sarah	Oddie	Supervisor's Assistant	10.13.2016		
7 ∨ Signature of Agency Head or Designee	Print N	lame	Title	(Month, Day, Year)		

	Agency Name		Date Stamp	California 802			
	Alameda County			Form OOZ For Official Use Only			
D	Division, Department, or Reg	i on (If Applicab	le)			Tor Oniolar 038 Only	
E	Board of Supervisors						
D	Designated Agency Contact (Name, Title)					
S	Sarah Oddie			(+)			
Ā	rea Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
(510) 272-6693	e@acgov.org		Date of Original Filing:(Month, Day, Year)			
2. F	unction or Event Information						
D	oes the agency have a ticke	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _	\$126		
г	vent Description Amy Schu) _ 20 _ 16			
E	vent Description	Provide Title/Exp					
Т	Ficket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 If no: Golde				n State Warriors		
				Name of Source			
	Was ticket distribution made at the behest No			If yes: Chan	ı, Wilma		
	of agency official?			Official's Name (Last, First)			
	Recipients						
	Use Section A to identify the agency	r's department or	Jal. • Use Section C to ider	ntify an outside organization.			
F	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
B	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
G	Geisner, Ben		2	Ceremonial Role If checking "Ceremoni	Other	Income	
				To promote attendanceevent held at a County facilityto maximize potential County revenue from parking & concession			
			2	Ceremonial Role	Other al Role" or "Other" describe below:	Income	
С	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	t to the agency's policy	
. V	erification						
l ha	ave	8944.1 and	orth above, is in accordance wi	th the requirements.			
		Sarah Oddie		Supervisor's Assistant	t 10.31.2016		
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)	
C	omment:						