Comment: ______Taylor and Gums received 11/28 tickets

-						A l'ablic Document		
1.	Agency Name		Date Stamp	California 802				
	Alameda County			Form 002				
	Division, Department, or Region	n (If Applicable)		For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact (Na	ame, Title)						
	Anna Gee							
	Area Code/Phone Number E-mail				Amendment (Must pro	ovide explanation in Part 3.)		
	510-891-5585	anna.gee@a	cgov.org		Date of Original Filing:	(Month, Day. Year)		
2.	Function or Event Inform	Function or Event Information						
	Does the agency have a ticket p	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	1100/1000			
	Event Description Basketball game Date(s) 11				, 26 , 16	<u>11 , 28 , 16</u>		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛			If no: Golder	State Warriors	rce		
	Was ticket distribution made at t of agency official?	he behest	No 🗌 Yes	If yes: Miley	Nate Official's Name (La	ast First)		
3.	•	Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	Sheriff		2		rd a County employee for his or her exemplary service to ic or to encourage staff development			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:		
	Taylor, Barbara Gums, Angelica		2	To promote attenda	al Role" or "Other" describe below:	Income		
			2	Ceremonial Role				
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy		
	Alpha Kappa Alpha - PO Box 24967 Oakland 94623		2	To reward a nonpro	ofit organization for its contributions to the			
	COMMUNITY SERVICE ORG	GANIATION				<u> </u>		
4.	Verification	20444 4		1				
<		1944, 1- and			orth above, is in accordance with			
	Signature & Agancy Head or Designee		Anna G Print Nam		[·] Operations Chief	(Month, Day, Year)		

						AT ubile bocument	
1.	Agency Name				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 (Name.Title)	<u> </u>				
	Anna Gee						
	Area Code/Phone Number	E-mail			Amendment (Must pl	rovide explanation in Part 3.)	
	510-891-5585	anna.gee@	acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	nation		(Month, Day, Tear)			
	Does the agency have a tickel	policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	725/1000	
	Event Description Basketball game Date(s)				<u>, 01 , 16 </u>	12 , 03 , 16	
		Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	Yes 🔲 No	If no: Golder	n State Warriors			
	Mas ticket distribution made at the behast				Name of Sou	UTCe	
	of agency official?	Was ticket distribution made at the behest No 🗌 Yes 🔀 If yes: <u>Miley</u> of agency official?				.ast, First)	
2	Recipients						
э.	• Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme		Number of				
			Ticket(s)/ Pass(es)	province and part	ublic purpose made pursuant to the agency's policy		
		Number of					
	B, Name of Individua	Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
				Ceremonial Role	Other X	Income	
	Kim, Jin	Kim, Jin			al Role" or "Other" describe below:		
			2			at County facility in order	
				to maximize potential County revenue from parking and Ceremonial Role Other X Income			
	Albanesi, Nelson				Other 🔀 al Role" or "Other" describe below.	Income	
			2	concession sales.			
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the pub	iblic purpose made pursuant to the agency's policy		
	(include address and desc	anpuon)	Pass(es)				
					·····		
ļ	Variation	19044 1 00	19010 Lbour vo	rified that the distribution act fo	dh chave is in considered with	h (h	
		10944. I BNC			orth above, is in accordance with		
		A	Anna G		Operations Chief	(Month, Day, Year)	
	N . I			~	nue	(monun, Day, rear)	
	Comment: Taylor and Gums	received 11/	28 tickets	· · · ·			
						EDDC Earm 202 (4/42)	



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Simmons, Ashton	2	Ceremonial Role Other Other Income Income If Checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Concession sales.
		Ceremonial Role Other I Income Income I Income I Income
		Ceremonial Role Cher Income In
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

A Public Document

-						AT ubic bocument		
1.	Agency Name		Date Stamp	California 802				
	Alameda County			Form OOL				
	Division, Department, or Reg	ion (If Applicable		For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact	(Name.Title)						
	Anna Gee							
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)		
	510-891-5585	anna.gee@a	acgov.org		Date of Original Filing	(Month, Day, Year)		
2.	Function or Event Infor	mation	<u> </u>		L			
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	675/1100		
	Event Description Basketball	game		Doto(a) 12	2 , 05 , 16	12 , 17 , 16		
	Provide Title/Explanation Date(S)							
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: Golder	n State Warriors			
					Name of S	ource		
	VVas ticket distribution made a of agency official?	Was ticket distribution made at the behest No I Yes I If yes: Miley,			, Nate Official's Name	(Last Einst)		
				·····	Chickars Warne			
3.	Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.							
	A		Number of					
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the agency's Pass(es)				
	B. Name of Individua	a)	Number of Ticket(s)/		Identify one of the follow	ving:		
			Pass(es)	Ceremonial Role	Other 🔀			
	Harrison, Nathaniel				ial Role" or "Other" describe below:	Income		
			2		ance at an event held ial County revenue fro	at County facility in order om parking and		
				Ceremonial Role	Other	Income		
					ial Role" or "Other" describe below:			
				concession sales.				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the ag		t to the agency's policy		
	League of Women Voters E PO Box 22 34-Castro Valley		4	To reward a nonpro	ofit for its contributions	s to the community		
	Education and Awareness of local/state/federal policies	of						
4.	Verification							
	-	s 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance w	ith the requirements.		
			Anna G	ee	Operations Chief	11/16/16		

Anna Gee Operations Chief 11/16/16
Print Name Title (Month, Day, Year)

Comment: LWV received 12/17 tickets.



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
B. Name of Individual	Number of Ticket(s)	Identify one of the following:			
Çak Cat	Pass(es)	Ceremonial Role D Other D Income I Income I Income			
		Ceremonial Role D Other D Income I Income II checking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role D Other D Income I Income I Income I Income II chocking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role Other Income Income			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
Alisal Elementary School PTA-1454 Santa Rita Rd, Pleasanton 94566	2	To reward a nonprofit for its contribution to the community.			
SCHOOL SUPPORT					
		2 8			

1.	Agency Name				Date Stamp	California 000
	Alameda County		Date Stamp	Form 802		
	Division, Department, or Reg	ion (If Applicab		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name Title)				
		(uano, nuo)				
	Anna Gee Area Code/Phone Number		Amendment (Must	provide explanation in Part 3.)		
	510-891-5585	E-mail	00000		Date of Original Filing	•
2	Function or Event Infor	anna.gee@	acyov.org			(Month, Day. Year)
۷.	Does the agency have a ticke					250
			Yes 🔀 No		f Each Ticket/Pass \$.	
	Event Description Basketball	game Provide Title/Exp	Janatina	Date(s) <u>10</u>	<u>, 04 , 16</u>	<u>102116 _</u>
			lanation	Coldor	State Morriero	
	Ticket(s)/Pass(es) provided by agency?		Yes 🔲 No	If no: Golder	n State Warriors Name of S	ource
	Was ticket distribution made at the behest		No 🗌 Yes	If yes: Miley,		
	of agency official?		NUL IES		Official's Name	(Last. First)
3.	Recipients					
	Use Section A to identify the agency	's department or	al. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency; Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	Board of Supervisors, District 4		2	To reward a County employee for their exemplary service to the public or to encourage staff development		
	Board of Supervisors, District 4		2	To reward a County employee for their exemplary service to the public or to encourage staff development		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			4	To promote attenda	al Role" or "Other" describe below: Ince at an event held	income [at a County facility in nue from parking and
			· ·	Ceremonial Role		
	C Name of Outside Organization		Number of		2	*** 4h-
	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the public	ic purpose made pursuan	it to the agency's policy
_						
ŀ.	Verification	ions 18944 1 and	d 18942. I have ve	rified that the distribution set fo	rth above, is in accordance w	ith the requirements.
		ibilo ioo ilii ala				

						A Fublic Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County Division, Department, or Reg	ion //f Applicate		Form OUZ For Official Use Only		
	-	юп (іт Арріісар	le)			i or original one only
	Board of Supervisors					
	Designated Agency Contact	(Name.Title)				
	Anna Gee				C Amondmont (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-mail					
-	510-891-5585	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information					
	Does the agency have a ticke	Yes 🔀 🛛 No	Face Value of	of Each Ticket/Pass \$ _	1125/675	
	Event Description Basketball	game		Date(s)1	<u>, 03 , 16</u>	<u>11</u> ,07,16
	Frovide InterExpranation					
	Ticket(s)/Pass(es) provided by agency? Yes 🔲 1			If no: Golder	n State Warriors Name of So	
	Was ticket distribution made a	NI CIV.	Milev		u ce	
	of agency official?		No 🗌 Yes	If yes: Miley	Official's Name (Last. First)
3.	Recipients					
	Use Section A to identify the agency	/'s department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's pol		
	Sheriff		2	To reward a County employee for his or her exemplary service to the public or to encourage staff development		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:	
	Cousin, Dwight			Ceremonial Role If checking "Ceremoni	Other X	Income
			4	To promote attendance at an event held at County facility in orde to maximize potential County revenue from parking and		
				Ceremonial Role	Other	Income
			40	-	al Role" or "Other" describe below:	
				concession sales.		
	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
	United Seniors of Oakland 8 County - 7200 Bancroft Ave		2		motivate and provide ations in the County s	expanded opportunities uch as the disabled,
	Oakland 94605 SENIOR ADVOCAY			underprivileged, sei	niors and youth in fost	ter care.
4.	Verfication					th the requirements
			Anna G		Operations Chief	11/16/16
			Print Nəm	0	Title	(Month, Day, Year)
	Comment: Cousin received 1	1/7 tickets				

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Reg	Division, Department, or Region (If Applicable) Board of Supervisors				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Anna Gee						
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)		
_	510-891-5585	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information						
	Does the agency have a ticke		Yes 🔀 No	Face Value of	f Each Ticket/Pass \$	1000/1125	
	Event Description Basketball	game		Date(s)12	<u>, 20 , 16</u>	12 , 28 , 16	
		planation					
	Ticket(s)/Pass(es) provided by	Yes 🔲 No	If no: Golder	n State Warriors Name of So.			
	Was ticket distribution made at the behest		No 🗖 Yes	If yes: Miley			
	of agency official?		NUL TES	in yes:	Official's Name (l	Last, First)	
3.	. Recipients						
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	by Describe the public purpose made pursuant to the age		to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Caetano, Cole	Caetano, Cole		Ceremonial Role If checking "Ceremoni	Other 🔀	Income	
			4	To reward a studen	t for outstanding scho	lastic achievement.	
				Ceremonial Role		Income	
			100 A	If checking "Ceremoni	al Role" or "Other" describe below:		
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
	(include address and des	cription)	Pass(es)				
	Hayward Arts Council - 22394 Foothill Blvd, Hayward 94541		4	To reward a nonpro community.	o reward a nonprofit organization for its contributions to the community.		
	PROMOTION OF ART						
4.	Verification	ations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.	
			Anna G		Operations Chief	11/16/16	
	ď		Print Nam	e	Title	(Month, Day, Year)	
	Comment: Caetano received	12/28 ticket	S				



Agency Name

Alameda County

3. Recipients

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

Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)	Identify one of the following:
Pass(es)	Ceremonial Role D Other D Income I Inco
	Ceremonial Role Dother Dother Income
_	Ceremonial Role D Other D Income I Income I Income
	Ceremonial Role Cther Income Income
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
4	To reward a nonprofit for its contribution to the community.
	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)

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) Anna Gee **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-891-5585 anna.gee@acgov.org (Month, Day. Year) 2. Function or Event Information 275 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Football game Date(s) ____8 / 27 16 16 Provide Title/Explanation If no: Raiders Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Miley, Nate Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Å. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other 🔀 Income Brooks, Patricia If checking "Ceremonial Role" or "Other" describe below; 4 To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and

Fisher, Marie		4	Ceremonial Role U Other U Incom If checking "Ceremonial Role" or "Other" describe below concession sales.	
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	

4. Verification

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

Anna Gee	Operations Chief	11/16/16	
Print Name	Title	(Month, Day, Year)	
Fisher received 8/27 tickets			

Comment: Fisher received 8/27 tickets.

A Public Document

-						A i ubile bocument
1.	. Agency Name		Date Stamp	California 802		
	Alameda County			Form 002		
	Division, Department, or Regi	ion (If Applicabl		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name.Title)			-	
	Anna Gee					
	Area Code/Phone Number E-mail				Amendment (Must	provide explanation in Part 3.)
	510-891-5585	anna.gee@	acgov.org		Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Inform	nation	<u> </u>	·····		
	Does the agency have a ticket	Does the agency have a ticket policy?			of Each Ticket/Pass \$.	275
	Event Description Football ga	ame		Date(s) 9	<u>, 18 , 16 </u>	10 , 9 , 16
		Provide Title/Exp	lanation			,,, _,, _
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No	If no: Raider	S	
	Was ticket distribution made a	t the hehiet		Miley	Name of S	lource
	of agency official?	t the benest	No 🗌 Yes	If yes: Miley	Official's Name	(Last. First)
3.	Recipients					
Ψ.	Use Section A to identify the agency	's department or	al. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursual	nt to the agency's policy
		Pass(es)				
	•	Number of				
	B. Name of Individua	Ticket(s)/ Pass(es)	Identify one of the following:			
				Ceremonial Role	Other 🔀	Income
	Nance, Patricia		4		ial Role" or "Other" describe below	
						l at a County facility in nue from parking and
				Ceremonial Role		
	Pete, Geoffrey				al Role" or "Other" describe below	
			4	concession sales.		
		······				·····
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	It to the agency's policy
	(Pass(es)			
	_					
4.	Verification	ions 18944 1 and	orth above. is in accordance w	vith the requirements		
			Anna G			,
		*****	Print Nam		Operations Chief	(Mon(h, Day, Year)
	Managara ta ta	(10				proving way, rowy
	Comment: Nance received 9	Comment:				
						FPPC Form 802 (4/12)

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

_				DISTINUTIONS		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Anna Gee					
	Arrea Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	510-891-5585	anna.gee@			Date of Original Filing: .	
7	Function or Event Infor		acyov.org			(Month, Day, Year)
٤.	Does the agency have a ticke				f Fach Ticket/Decc 4	275
		. ,	Yes 🔀 No		of Each Ticket/Pass \$	<u> </u>
	Event Description Football g	ame Provide Title/Exp	1	Date(s)) , 16 , 16	11 , 6 , 16
		TTONGE MIESCAP	lanation	Beide		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: Raider	Name of Sou	Irce
	Was ticket distribution made a	at the behest		If yes: Miley		
	of agency official?		No 🗌 Yes	If yes:	Official's Name (L	ast. First)
3.	Recipients					
Ο.	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	aal. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
	B. Name of Individua	ai	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other 🔀	Income
	Sblend, Sblendorio		2	If checking "Ceremon	ial Role" or "Other" describe below:	
			- ·		ance at an event held a potential County reven	
	Grant, Richard			Ceremonial Role If checking "Ceremon	Other X ial Role" or "Other" describe below:	Income
			2	concession sales.		
	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
	St. Mary's Center - 925 Brod Oakland 94608	ckhurst St,	4	To reward a nonpro community.	ofit organization for its	contributions to the
	PROVIDE MEALS TO HON SENIORS	IELESS				
4.	Verification		•			

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

Anna Gee **Operations Chief** 11/16/16 Print Name Title (Month, Day, Year)

Nance received 9/18 game. Comment:

	A mamary Mana				D 1 01	0.11
	Agency Name				Date Stamp	California 802
	Alameda County	-				Form OUZ For Official Use Only
	Division, Department, or Reg	ion (If Applicat	ole)			For Onicial Ose Only
	Board of Supervisors					
Ī	Designated Agency Contact ((Name, Title)				
	Anna Gee					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	510-891-5585	anna.gee@)acgov.org		Date of Original Filing	:(Month, Day, Year)
,	Function or Event Inform	mation			L	(
I	Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value of	f Each Ticket/Pass \$.	275
	Event Description Football ga	ame		Data(a) 11	<u>, 27 , 16 </u>	12 / 4 / 16
		Provide Title/Ex	planation			///
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: Raider	S	
				_	Name of S	Source
1	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Miley	Nate Official's Name	ll och Fimb
					Unicial s Name	(Last, First)
	Recipients	. In all and the second				
	 Use Section A to identify the agency 		Number of	1		
ł	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursual	nt to the agency's policy
-						
-	B. Name of Individua	1	Number of Ticket(s)/		Identify one of the follow	wing:
		1	Number of Ticket(s)/ Pass(es)	1	Other 🔀 al Role" or "Other" describe below	Income [
	Unit, Froze	1	Number of Ticket(s)/	If checking "Ceremoni To promote attenda	Other X al Role" or "Other" describe below ince at an event held	Income
-	Dones, Alan	1	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda	Other al Role" or "Other" describe below ince at an event held potential County reve	Income [
-	Unit, Froze	1	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below ince at an event held potential County reve	Income [at a County facility in enue from parking and
-	Dones, Alan	1	Number of Ticket(s)/ Pass(es) 2	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Other al Role" or "Other" describe below ince at an event held potential County reve	Income I at a County facility in nue from parking and
-	Dones, Alan	ization	Number of Ticket(s)/ Pass(es) 2	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni concession sales.	Other al Role" or "Other" describe below ince at an event held potential County reve	Income
-	Dones, Alan Haubert, David Name of Outside Organi	ization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni concession sales.	Other al Role" or "Other" describe below ince at an event held potential County reve Other al Role" or "Other" describe below	Income at a County facility in enue from parking and Income
	Dones, Alan Haubert, David Name of Outside Organi (include address and desc	ization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni concession sales.	Other al Role" or "Other" describe below ince at an event held potential County reve Other al Role" or "Other" describe below	Income at a County facility in enue from parking and Income
	Dones, Alan Haubert, David Name of Outside Organi	ization cription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni concession sales. Describe the pub	Other Content describe below Conce at an event held Contential County rever Concential County rever Contential County rever Content Content describe below Content describe below Content content describe below Content describe b	Income at a County facility in enue from parking and Income
	Cones, Alan Haubert, David Name of Outside Organi (include address and desc	ization cription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon concession sales. Describe the pub	Other Content describe below Conce at an event held Contential County rever Concential County rever Contential County rever Content Content describe below Content describe below Content content describe below Content describe b	Income at a County facility in enue from parking and Income



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Walker, Brenda	2	Ceremonial Role Other Other Income Income Income To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled,
		Ceremonial Role Other I Income Income Income underprivileged, seniors and youth in foster care.
		Ceremonial Role Conternation Other Income Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

A Public Document

4	Agency Name					
1.	÷ •				Date Stamp	California 802
	Alameda County					Form OUZ For Official Use Only
	Division, Department, or Reg	ion (If Applicab	le)			t or onioid due only
	Board of Supervisors					
	Designated Agency Contact	(Name.Title)		•		
	Anna Gee					
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
	510-891-5585	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day. Year)
2.	Function or Event Infor					(World, Day, Year)
	Does the agency have a ticke		Yes 🔀 No	Eace Value o	of Each Ticket/Pass \$	78.75/105.50
	Event Description Kat Williar	Provide Title/Exp	lanation	Date(s)		12 , 4 , 16
	Ticket(a)(Dana(aa) provided b			If no: Raider	s	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No		Name of Sol	urce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Miley	, Nate	
	of agency official?			ез пусо.	Official's Name (L	.ast, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use See	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the anency's policy
			Pass(es)		a beiheen unne beionaur	to the agency a poney
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followi	ng:
			Pass(es)			
	Brooks, Patricia			Ceremonial Role	Other 🔀	Income
			2	-	ance at an event held a	at a County facility in
					potential County reven	
				Ceremonial Role		
	Pete, Geoffrey				al Role" or "Other" describe below.	meane
			2	concession sales.		
			A. Sola			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the second nation
	(include address and des	cription)	Pass(es)	Disense die pub	ne parpose mene parouent	to the agency a policy
	(
4	Valification					
4.	Verification	ations 18944 1 en	1 18942 I have ve	erified that the distribution set fr	orth above, is in accordance with	the requirements
	gnee		Anna G		Operations Chief	11/16/16
	gnee		ғиш ма <i>й</i>	17.	Title	(Montii, Day, Year)
	Comment:	n received 2 f	ickets to eac	h show.		

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

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



Agency Name

Alameda County

3. Recipients

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

Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Pass(es)	Identify one of the following:
2	Ceremonial Role Conther Control Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and
	Ceremonial Role Cother Cother Income Income Ceremonial Role" or "Other" describe below: Concession sales.
	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Number of Ticket(s)/

				All abile Boodilien
Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Applica	abie)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name. Title)		<u></u>	4	
Anna Gee				
Area Code/Phone Number E-mail				provide explanation in Part 3.)
510-891-5585 anna.gee	@acgov.org		Date of Original Filing	(Month Day Year)
Function or Event Information				(mone, pay. real)
Does the agency have a ticket policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _	126/110.25
Event Description Maroon 5/R. Kelly con) , 16 , 16	10 , 19 , 16
Provide Title/E	Explanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Golde	n State Warriors	
			Name of S	ource
Was ticket distribution made at the behes of agency official?	t No 🗌 Yes	If yes: Miley	, Nate Official's Name	(Look First)
			Unicial s Marile	(Last. Pirst)
Recipients				
Use Section A to identify the agency's department	Number of			
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	ilic purpose made pursuan	it to the agency's policy
		-		······································
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role	Other 🔀	Income
Washington, Tanya	2		ial Role" or "Other" describe below:	
	Ē			at a County facility in nue from parking and
			· · · · · · · · · · · · · · · · · · ·	
Miley, Nate		Ceremonial Role If checking 'Ceremon	ial Role" or "Other" describe below:	Income
	2	concession sales.		
C. Name of Outside Organization	Number of Ticket(s)/	Describe the sub	lic purpose made pursuan	t to the geopov's policy
(include address and description)	Pass(es)	Destine die pub	ne purpose more pursuan	to the agency a poincy
Meals on Wheels of Alameda County-8	0	To reward a nonpro	ofit organization for its	contributions to the
Swan Wy, Ste 120, Oakland 94621	4	community.	-	
DELIVERY OF HOT MEALS TO				
HOMEBOUND SENIORS				
Varfination				
: 18944.1	and 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements.
	Anna G	iee	Operations Chief	11/16/16
Signature of Agency mean of Lesignee	Print Nan		Title	(Month, Day, Year)
Comment:				FPPC Form 802 (4/12)

I. Agency Name				Date Stamp	California 802
Alameda County	4				Form OUZ For Official Use Only
Division, Department	t, or Region (If Applical	ole)			Tor Onlota Use Only
Board of Supervisor					
Designated Agency (Contact (Name, Title)				
Anna Gee					
Area Code/Phone Nu	imber E-mail			. C Amenament (Must p	provide explanation in Part 3.)
510-891-5585	anna.gee@)acgov.org		Date of Original Filing:	(Month, Day. Year)
2. Function or Ever	nt Information				
Does the agency hav	e a ticket policy?	Yes 🔀 No	Face Value of	f Each Ticket/Pass \$ _	168.00
Event Description Ka	anye West concert		Date(s) 10	, 22 , 16	10 , 23 , 16
,	Provide Title/Ex	planation			
Ticket(s)/Pass(es) pro	ovided by agency?	Yes 🔲 No	If no: Golder	n State Warriors Name of So	
Was ticket distributior	a mada at the behast		- Milev		urce
of agency official?	rindue al trie periest	No 🗌 Yes	If yes: Miley	Official's Name (Last, First)
. Recipients					,
	the agency's department of	r unit. • Use Se	ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
	Department or Unit	Number of	T	lic purpose made pursuant	
		Ticket(s)/ Pass(es)	meaching the hun	ne purpose made pursuam	to the agency's poncy
	f Individual of Fred	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		1 445 (477	Ceremonial Role	Other 🔀	Income
Pete, Geoffrey		4	If checking "Ceremon	al Role" or "Other" describe below.	
		1		ance at an event held	at a County facility in
			order to maximize p	potential County rever	ue from parking and
	<u> </u>		order to maximize p Ceremonial Role		ue from parking and
Henry, Brittaney		4	Ceremonial Role If checking "Ceremon	· · · · · · · · · · · · · · · · · · ·	ue from parking and
Henry, Brittaney		4	Ceremonial Role	Other 🔀	ue from parking and
C. Name of Outs	ide Organization is and description)	Number of Ticket(s)/	Ceremonial Role If checking "Ceremon Concession sales.	Other 🔀	nue from parking and
C. Name of Outs		Number of	Ceremonial Role If checking "Ceremon Concession sales.	Other X al Role" ar "Other" describe below:	nue from parking and
C. Name of Outs		Number of Ticket(s)/	Ceremonial Role If checking "Ceremon Concession sales.	Other X al Role" ar "Other" describe below:	nue from parking and
C. Name of Outs	es and description)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Concession sales. Describe the pub	Other X al Role" or "Other" describe below: lic purpose made pursuant	to the agency's policy
C. Name of Outs (include addres	es and description)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Concession sales. Describe the pub	Other X al Role" or "Other" describe below lic purpose made pursuant orth above, is in accordance wit	to the agency's policy
C. Name of Outs (include addres	es and description)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Concession sales. Describe the pub	Other X al Role" or "Other" describe below: lic purpose made pursuant	to the agency's policy

1. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If App	olicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title	e)			
Anna Gee			· · · · · · · · · · · · · · · · · · ·	
Area Code/Phone Number E-mail	- · · · · · · · · · · · · · · · · · · ·		Amendment (Must	provide explanation in Part 3.)
510-891-5585 anna.g	ee@acgov.org		Date of Original Filing	(Month, Day, Year)
2. Function or Event Information			1	(MOnur, Day, rear)
Does the agency have a ticket policy?	Yes 🔀 No	☐ Face Value o	of Each Ticket/Pass \$ _	55.50/137.25
Event Description Disney on Ice/Bad	Boy) <u>, 28 , 16</u>	10 , 27 , 16
Provide Ti	tle/Explanation			
Ticket(s)/Pass(es) provided by agency	? Yes 🗌 No	If no: Golder	n State Warriors Name of S	
Was ticket distribution made at the beh		- Milev		ource
of agency official?	nest No 🗌 Yes	If yes: Miley	Official's Name	(Last. First)
3. Recipients • Use Section A to identify the agency's departm	ent or unit. • Use Se	ction B to identify an individu	al Ise Section C to ide	ntify an outside organization
A. Name of Agency, Department or Unit	Number of	The second se	· · · · · · · · · · · · · · · · · · ·	-
The name of Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	it to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
· · ·		Ceremonial Role	Other 🔀	Income
Jow, Angela	4	To promote attenda		at a County facility in nue from parking and
		Ceremonial Role		
Pete, Geoffrey	4	1	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 pursuan	t to the agency's policy
			·	
4. Verification	4.1 and 18942. I have ve	arified that the distribution set fo	orth above, is in accordance w	ith the requirements
	Anna G		Operations Chief	11/16/16
	Print Nam		Title	(Month, Day, Year)
Pete received 9/30 show.				
Comment:				

- 1	Agency Name				Date Stamp	California 802
	Alameda County					For Official Use Only
D	Division, Department, or Reg	i on (If Applicab	le)			To Official Use Only
	Board of Supervisors					
Ď	Designated Agency Contact (Name. Title)				
F	Anna Gee					
Ā	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
5	510-891-5585	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day. Year)
F	Function or Event Inform	nation				
D	oes the agency have a ticke	t policy?	Yes 🔀 No	Face Value of	f Each Ticket/Pass \$ _	50.50
E	vent Description Disney on	lce		Date(s) 10	<u>, 26 , 16 </u>	10 , 27 , 16
		Provide Title/Exp	planation	Date(s)	·········	······································
Т	icket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No	If no: Golder	1 State Warriors	
10	Voo fielent dieteitestiese seeden			Milau	Name of Si	ource
	Vas ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Miley	Official's Name	(1 ast Firet)
				<u></u>		Lusi, Firsy
	Recipients Use Section A to identify the agency	's department o	unit elles So	ction B to identify an individu	a Use Section C to idea	
	A. Name of Agency, Departme		Number of			·····
1	 Name of Agency, Departme 	int or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
B	3. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving
M						
IV.	Iuhummad, Ansar El		12		al Role" or "Other" describe below:	Income
10	iunummad, Ansar El		12	If checking "Ceremoni To promote attenda	al Role" or "Other" describe below: Ince at an event held	at a County facility in
			12	If checking "Ceremoni To promote attenda	al Role" or "Other" describe below: Ince at an event held potential County rever	
	/unummad, Ansar El /artirez, Louie		12	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role	al Role" or "Other" describe below: Ince at an event held potential County rever	at a County facility in nue from parking and
			12 4	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role	al Role" or "Other" describe below: Ince at an event held potential County rever	at a County facility in nue from parking and
	fartirez, Louie		4	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role	al Role" or "Other" describe below: Ince at an event held potential County rever	at a County facility in nue from parking and
	fartirez, Louie Name of Outside Organi		12 A Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni concession sales.	al Role" or "Other" describe below: Ince at an event held potential County rever	at a County facility in nue from parking and Income
N	fartirez, Louie		4 Number of	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni concession sales.	al Role" or "Other" describe below: ince at an event held potential County rever Other and the series below: al Role" or "Other" describe below:	at a County facility in nue from parking and Income
N	fartirez, Louie Name of Outside Organi		A Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni concession sales.	al Role" or "Other" describe below: ince at an event held potential County rever Other and the series below: al Role" or "Other" describe below:	at a County facility in nue from parking and Income
	Martirez, Louie	ription)	A Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni concession sales.	al Role" or "Other" describe below: ince at an event held potential County rever Other and a county rever other and a county rever other and a county rever ic purpose made pursuant ic purpose made pursuant	at a County facility in nue from parking and Income

1.	Agency Name				Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Region	1 (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	me, Title)			-	
	Sarah Oddie, Supervisor's Ass	sistant				
		-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693 sa	arah.oddie@	@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Informa	ation			·	
	Does the agency have a ticket pe		Yes 🛛 No	Face Value of	f Each Ticket/Pass \$ _	148
	Event Description Family Bridge	es Benefit C	Concert	Date(s)1	, 5 , 16	/_
	Pr	rovide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by a	gency?	Yes 🗌 No	If no: Golder	Name of S	0//22
	Was ticket distribution made at th	he hehest		If yes: Chan		ource
	of agency official?	ic beneat	No 🗌 Yes	It yes:	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency's of	department or u	unit. • Use Se	ction B to identify an individu	al. • Use Section C to idea	ntify an outside organization.
	A. Name of Agency, Department of	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
				·		
	B. Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Chan, Carl		4	If checking "Ceremoni	Other describe below: al Role" or "Other" describe below: ty volunteer for his or he	
	2			Ceremonial Role	Other al Role" or "Other" describe below:	Income
		ion	Number of			
	C. Name of Outside Organizati (include address and descrip	tion)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	t to the agency's policy
	C. Name of Outside Organizati (include address and descrip Hotel Oakland Village, 270 13th St CA 94612	tion)				or its contributions to the
	(include address and descrip Hotel Oakland Village, 270 13th St	tion) , Oakland,	Pass(es)	To reward a school or		
	(include address and descrip Hotel Oakland Village, 270 13th St CA 94612 TO "IMPROVE LIVES BY RETHIN HEALTHY SENIOR LIVING" Verification	ition) , Oakland, KING	Pass(es) 4	To reward a school or community	nonprofit organization f	or its contributions to the
	(include address and descrip Hotel Oakland Village, 270 13th St CA 94612 TO "IMPROVE LIVES BY RETHIN HEALTHY SENIOR LIVING"	ition) , Oakland, KING	Pass(es) 4 18942. I have ve	To reward a school or community	nonprofit organization f	for its contributions to the
	(include address and descrip Hotel Oakland Village, 270 13th St CA 94612 TO "IMPROVE LIVES BY RETHIN HEALTHY SENIOR LIVING" Verification	ition) , Oakland, KING	Pass(es) 4	To reward a school or community	nonprofit organization f	for its contributions to the

A Public Document

Agency Name				Date Stamp	California Form	802
Alameda County						
Division, Department, or Region	(If Applicable)				For Official	Use Only
Board of Supervisors						
Designated Agency Contact (Nar	ne, Title)					
Sarah Oddie, Supervisor's Assi	stant					
Area Code/Phone Number E-	mail			Amendment (Must pr	ovide explanation in	Part 3.)
(510) 272-6693 sa	arah.oddie@	acgov.org		Date of Original Filing: _	(Month, Day, Yea	<u>r)</u>
Function or Event Informa	tion					405 50
Does the agency have a ticket po	blicy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$		105.50
Event Description Lil Wayne & 2	Chainz		Date(s) 11	, 10 , 16	1	1.
Pro-	ovide Title/Expla	nation				
Ticket(s)/Pass(es) provided by ag	gency?	Yes 🗌 No	If no: Golden	State Warriors		
			- Chan		irce	
	e denest	No 🗌 Yes	If yes: Orlan,	Official's Name (L	ast, First)	
		nit. • Use Sec Number of Ticket(s)/ Pass(es)				
D Name of Individual		Number of			-	
5. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:	
			Ceremonial Role	Other		Income
			-			Income
		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's po	licy
Alameda County Community Food Edgewater Dr, Oakland, CA 94621	Bank, 7900	4	To reward a school or community	nonprofit organization fo	r its contribution	s to the
Provides food and meals to low-increasidents in Alameda County	ome					
	Division, Department, or Region Board of Supervisors Designated Agency Contact (Nar Sarah Oddie, Supervisor's Assi Area Code/Phone Number (510) 272-6693 Function or Event Informa Does the agency have a ticket po Event Description Lil Wayne & 2 Print Ticket(s)/Pass(es) provided by age Nast ticket distribution made at the of agency official? Recipients Use Section A to identify the agency's destruction A. Name of Agency, Department of B. Name of Individual (Last, First) C. Name of Outside Organizati (Include address and descrip) Alameda County Community Food Edgewater Dr, Oakland, CA 94621	Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie, Supervisor's Assistant Area Code/Phone Number (510) 272-6693 Function or Event Information Does the agency have a ticket policy? Event Description Lil Wayne & 2 Chainz Provide Title/Expla Ticket(s)/Pass(es) provided by agency? Nas ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit B. Name of Agency, Department or Unit C. Name of Outside Organization (Include address and description) Alameda County Community Food Bank, 7900 Edgewater Dr, Oakland, CA 94621 Provides food and meals to low-income	Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie, Supervisor's Assistant Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie@acgov.org Function or Event Information Does the agency have a ticket policy? Yes INO Event Description Lil Wayne & 2 Chainz Event Description Lil Wayne & 2 Chainz Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes of agency official? No I Yes Recipients •Use Section A to identify the agency's department or unit. •Use Section A to identify the agency's department or unit. B. Name of Individual (Last, Firmt) Number of Ticket(s)/ Pass(es) B. Name of Individual (Last, Firmt) Number of Ticket(s)/ Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Anameda County Community Food Bank, 7900 Edgewater Dr, Oakland, CA 94621 4	Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddle, Supervisor's Assistant Area Code/Phone Number [510] 272-6693 Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value o Event Description Lil Wayne & 2 Chainz Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No □ Yes ○ No ○ Agency official? Recipients >Use Section A to identify the agency's department or unit • Use Section B to identify an Individual Mame of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Ceremonial Role [If checking "Ceremonial Role [If checking "Ceremonial Role [If checking "Ceremonial Role [If checking "Ceremonial Role [Name of Outside Organization (Include address and description) Number of Ticket(s)/ Name of Outside Organization (Include address and description) Number of Ticket(s)/ Name of Outside Organization (Include address and description) To reward a school or community	Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie, Supervisor's Assistant Area Code/Phone Number [510] Z72-6693 Sarah Oddie, Supervisor's Assistant Does the agency have a ticket policy? Yest Description Lil Wayne & 2 Chainz Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yest Description Lil Wayne & 2 Chainz Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes Divided by agency? Yes Divide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes Divide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes Divide TitleExplanation Official? Recipients Use Section A to identify the agency's department or unit. Section A to identify the agency's department or unit. Section A to identify the agency's department or unit. Section A to identify the agency's department or unit. Section A to identify the agency's department or unit. Section A to identify the agency's department or unit.	For Official Provide South Provide South Provide South Provide South Provide South Sarah Oddie, Supervisor's Assistant Area Code/Phone Number Sarah Oddie, Supervisor's Assistant Area Code/Phone Number Sarah Oddie@acgov.org Date of Original Filling: (Month, Day, Yee Provide The E-mail Sarah.oddie@acgov.org Date of Original Filling: (Month, Day, Yee Provide The E-mail Sarah.oddie@acgov.org Date of Original Filling: (Month, Day, Yee Control or Event Information Does the agency have a ticket policy? Yes IND Provide The E-mail Date (s) 11 10 16 (Month, Day, Yee Provide The E-planation Ticket(s)/Pass(es) provided by agency? Yes IND Toket(s) provide the spency's department or unit * Use Section A to identify the agency's department or unit * Use Section B to identify one of the following: (Month Table) Describe the public purpose made pursuant to the agency's po (Pass(es) Ceremonial Role Other (Interview Enderse) (Pass(es) Ceremonial Role Other (Pass(es) Ceremonial Ro

 Sarah Oddie
 Supervisor's Assistant
 11.29.2016

 Print Name
 Title
 (Month, Day, Year)

Comment: _

				Date Stamp	California OOC
Alameda County					Form OU
Division, Department, or Regio	n (If Applicable)			-	For Official Use Only
Board of Supervisors					
Designated Agency Contact (N	ame, Title)			4	
Sarah Oddie, Supervisor's As				· · · · · · · · · · · · · · · · · · ·	
	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	z-maii sarah.oddie@a	accov ora		Date of Original Filing:	
Function or Event Inform		acgov.org			(Month, Day, Year)
Does the agency have a ticket p					150
		es 🔀 No		of Each Ticket/Pass \$	
Event Description MANA: Latin	Provide Title/Explana	-	Date(s)	<u>, 11 , 16</u>	//
		auon	Golder	State Warriors	
Ticket(s)/Pass(es) provided by a	agency? Y	es 🗋 No		Name of Soc	urce
Was ticket distribution made at t	the behest	No 🗌 Yes	If yes: Chan		
of agency official?	1		nyes.	Official's Name (L	.ast, First)
Recipients					
Use Section A to identify the agency's	department or uni	t. • Use Se	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department	or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
B. Name of Individual		Number of Ticket(s)/		Identify one of the following	ng:
B. Name of Individual (Last, First)					
B. Name of Individual (Last. First)		Ticket(s)/	Ceremonial Role	Other	
B. Name of Individual (Last, First)		Ticket(s)/			
B. Name of Individual (Lest, First)		Ticket(s)/		Other	
B. Name of Individual (Last, First)		Ticket(s)/		Other	Income
B. Name of Individual (Lest, First)		Ticket(s)/	If checking "Ceremoni Ceremonial Role	Other	Income
B. Name of Individual (Last, First)		Ticket(s)/	If checking "Ceremoni Ceremonial Role	Other All Role" or "Other" describe below: Other	Income
(Lest, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role	Other All Role" or "Other" describe below: Other	Income
(Lest, First)	uon	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremoni Ceremonial Role [If checking "Ceremonia	Other All Role" or "Other" describe below: Other	Income
(Lest, First) C. Name of Outside Organizat (include address and descrip	ption)	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role [If checking "Ceremonia Describe the publ	Control Contr	Income
(Lest, First)	ption)	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the publ To reward a school or	Other Al Role" or "Other" describe below: Other Other Al Role" or "Other" describe below:	Income
(Lest, First) C. Name of Outside Organiza (include address and descrip East Bay Spanish Speaking Citize Foundation, 1470 Fruitvale Ave, 0 94601	ption) ens Oakland, CA	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role [If checking "Ceremonia Describe the publ	Control Contr	Income
(Lest, First) C. Name of Outside Organiza (include address and descrip East Bay Spanish Speaking Citize Foundation, 1470 Fruitvale Ave, 0 94601 Help East Bay families improve th	ens Oakland, CA eir lives,	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the publ To reward a school or	Control Contr	Income
(Lest, First) C. Name of Outside Organiza (include address and descrip East Bay Spanish Speaking Citize Foundation, 1470 Fruitvale Ave, 0 94601	ens Oakland, CA eir lives,	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the publ To reward a school or	Control Contr	Income
C. Name of Outside Organizat (include address and descrip East Bay Spanish Speaking Citize Foundation, 1470 Fruitvale Ave, 0 94601 Help East Bay families improve the embrace their heritage, develop as leaders Verification	ens Oakland, CA eir lives, s civic	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremoni Ceremonial Role [If checking "Ceremoni Describe the publ To reward a school or community	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: Comprose made pursuant to nonprofit organization fo	Income
C. Name of Outside Organizat (include address and descrip East Bay Spanish Speaking Citize Foundation, 1470 Fruitvale Ave, 0 94601 Help East Bay families improve the embrace their heritage, develop as leaders Verification	ens Oakland, CA eir lives, s civic	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the publ To reward a school or	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: Comprose made pursuant to nonprofit organization fo	Income
C. Name of Outside Organizat (include address and descrip East Bay Spanish Speaking Citize Foundation, 1470 Fruitvale Ave, 0 94601 Help East Bay families improve the embrace their heritage, develop as leaders Verification	ption) ens Oakland, CA eir lives, s civic	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremoni Ceremonial Role [If checking "Ceremonia Describe the publ To reward a school or community	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: Comprose made pursuant to nonprofit organization fo	Income

Agency Name				Date Stamp	California 802
Alameda County					10111
Division, Department, or Regi	ion (If Applicabl	e)]	For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)				
Sarah Oddie					
Area Code/Phone Number	E-mail			Amendment (Musi	t provide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Inform	nation				
Does the agency have a ticket	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$275 ticket/\$35 parking
Football ga	ame				
Event Description	Provide Title/Exp	lanation	Date(s)1		//
Ticket(s)/Pass(es) provided by			IX If no: Oakla	nd Raiders	
	agency:	Yes 🗋 No		Name of S	Source
Was ticket distribution made a	t the b ehest	No 🗌 Yes	If yes: Chan	, Wilma	
of agency official?			_	Official's Name	e (Last, First)
Recipients	· · · ·				
 Use Section A to identify the agency 	's department or		ction B to identify an individe	al. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursua	nt to the agency's policy
B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
B. Name of Individua (Last, First) Jackson, James	1	Ticket(s)/ Pass(es)	If checking "Ceremon	Other Other al Role" or "Other" describe below	Income
(Last, First)	1	Ticket(s)/	If checking "Ceremon To promote attenda	Other Other al Role" or "Other" describe below	Income C
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Other D al Role" or "Other" describe below ance at a(n) event potential County reve	Income held at a County facility in enue
(Last, First)	zation	Ticket(s)/ Pass(es) 2+1park	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other D al Role" or "Other" describe below ance at a(n) event potential County reve	Income held at a County facility in enue
(Last, First) Jackson, James	zation :ription)	Ticket(s)/ Pass(es) 2+1park 2+1park 2+1park Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other Arrow Content of the series below Contential County rever Other Cother Cot	Income held at a County facility in enue
(Last, First) Jackson, James C. Name of Outside Organia (include address and desc	zation :ription)	Ticket(s)/ Pass(es) 2+1park 2+1park 2+1park Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon Describe the pub	Other Arrow Content of the series below Contential County rever Other Cother Cot	Income

A Public Document

Agency Name				Date Stamp	California 80
Alameda County					i ciiii
Division, Department, or Reg	gion (If Applicable)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	t (Name, Title)			4	
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)
Function or Event Info	rmation				
Does the agency have a tick		Yes 🔀 No	Face Value of	f Each Ticket/Pass \$ 🖣	275 ticket/\$35 parking
Event Description	jame		Date(s) <u>11</u>	, 27 _/ 16	1 1
	Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No	If no: Oaklar	nd Raiders	
				Name of So	urce
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Chan	Official's Name (I	ast First)
• Use Section A to identify the agend	cy's department or ι	nit. • Use Se	ction B to identify an individu	al. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Departm	ient or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				4.	
		10			
B. Name of Individu	Jal	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
(Last, First)	Jai	Ticket(s)/		Other	ng: Income
B. Name of Indivídu (Last, First) Johnson, Rose	Jal	Ticket(s)/ Pass(es)	If checking "Ceremoni	Other al Role" or "Other" describe below:	Income
(Last, First)	Jal	Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p	Other Other Other describe below: Dince at a(n) event he otential County reven	Income eld at a County facility i ue
(Last, First)	Jal	Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role	Other Other Other describe below: Dince at a(n) event he otential County reven	Income
(Last, First)	nization	Ticket(s)/ Pass(es) 2+1park	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Definition of the describe below: Definition of the describe below: Definition of the describe below: Definition of the description of the descri	Income eld at a County facility ue Income
(Last, First) Johnson, Rose	nization	Ticket(s)/ Pass(es) 2+1park 2+1park Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below: ince at a(n) event he botential County reven Other Other Role" or "Other" describe below:	Income eld at a County facility ue Income
(Last, First) Johnson, Rose	nization	Ticket(s)/ Pass(es) 2+1park 2+1park Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below: ince at a(n) event he botential County reven Other Other Role" or "Other" describe below:	Income eld at a County facility ue Income

 Sarah Oddie
 Supervisor's Assistant
 09.23.2016

 Print Name
 Title
 (Month, Day, Year)

Comment: _

	gency Name				Date Stamp	California	302
	lameda County			Form For Official Use			
Di	vision, Department, or Reg	ion (If Applicab	le)			FOI Official Use	Only
В	oard of Supervisors						
De	esignated Agency Contact (Name, Title)					
S	arah Oddie						
A	rea Code/Phone Number	E-mail		- /	Amendment (Must	t provide explanation in Pai	t 3.)
(5	510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing	(Month, Day, Year)	
F	unction or Event Inform	mation					
Do	pes the agency have a ticke	t policy?	Yes 🔀 No	Face Value of	f Each Ticket/Pass \$.	\$1,400 ticket/\$30	park
E١	ent Description Basketball	Game		Date(s) 11	<u>, 03 , 16</u>	1 1	
		Provide Title/Exp	planation			//	
Τī	cket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: Golder	State Warriors		
1.07		4.4h - 1 1 4		Chon	Name of S	Source	
	as ticket distribution made a f agency official?		No 🗌 Yes	If yes: Chan	Official's Name	(Last. First)	1
	ecipients Ise Section A to identify the agency	/'s department o	unit. • Use Se	tion B to identify an individu	al a Use Section C to ide	antifu an outside organiza	tion
A			Number of Ticket(s)/		ic purpose made pursuar		
_							
B	Name of Individua (Lest, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
	Name of Individua (Lest, First) Ickson, Bishop Bob	1	Ticket(s)/ Pass(es)	If checking "Ceremoni	Other and the selow:	r.	
	(Lest, First)	1	Ticket(s)/	If checking "Ceremoni	Other	r.	come [
	(Lest, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremoni To reward a commu public Ceremonial Role	Other	s or her service to t	_
	(Lest, First)	zation	Ticket(s)/ Pass(es) 2+p	If checking "Ceremoni To reward a commu public Ceremonial Role If checking "Ceremoni	Other	in s or her service to t In	he come
	(Lest, First) Ickson, Bishop Bob Name of Outside Organi	zation cription)	Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To reward a commu public Ceremonial Role If checking "Ceremoni Describe the public Triffied that the distribution set for	Cher Cher Cher Cher Cher Cher Cher Cher	in s or her service to t in in in it to the agency's policy	he come

Alameda County Division, Department, or Region Board of Supervisors				Date Stamp	California On
_					Form OU
Board of Supervisors	I (If Applicable	e)		-	For Official Use Only
Designated Agency Contact (Nal	me, Title)			-	
Sarah Oddie				-	
Area Code/Phone Number E-	-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6693 sa	arah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Informa	ation				(monut, bay, real)
Does the agency have a ticket po	olicy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$.	\$1400 ticket
Event Description Basketball Ga	ame			, 03 , 16	///
	rovide Title/Expl	lanation	Date(s)		//
Ticket(s)/Pass(es) provided by a	gency?	Yes 🗌 No	Ist If no: Golder	n State Warriors	
			_	Name of S	ource
Was ticket distribution made at th of agency official?	ne b ehes t	No 🗌 Yes	If yes: Chan	, WIIMa Official's Name	A and Final
				Omciai s Name	(Last, First)
Recipients					
Use Section A to identify the agency's d		Number of	ction B to identify an individu	al. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department of	or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy
B. Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
B. Name of Individual (Last. First) Nichols-Franz, Jan		Ticket(s)/ Pass(es)		Identify one of the follow Dother Other al Role" or "Other" describe below:	
(Last. First)		Ticket(s)/	If checking "Ceremoni	D Other describe below:	Income
(Last. First)		Ticket(s)/ Pass(es)	If checking "Ceremoni To reward a commu public Ceremonial Role	Other Other Content describe below: Unity volunteer for his	Income [

A Public Document

Agency Name				Date Stamp	California On
Alameda County				Date Otamp	Form 802
Division, Department, or Reg	gion (If Applicab	le)		-	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			4	
Sarah Oddie	, , ,				
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6693		@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Infor	mation				(Nonth, Day, Year)
Does the agency have a ticke	et policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	\$600
Event Description Basketbal	II Game				
Event Description	Provide Title/Exp	planation	Date(s)		/
Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	IN If no: Golde	n State Warriors	
				Name of Se	burce
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name	
or agency official?				Official's Name	(Last, First)
Use Section A to identify the agence A. Name of Agency, Department	ent or Unit	Number of Ticket(s)/	Describe the put	lic purpose made pursuan	t to the agency's policy
	ent or Unit		Describe the pub	lic purpose made pursuan	t to the agency's policy
A. Name of Agency, Departme		Ticket(s)/	Describe the put	lic purpose made pursuan	t to the agency's policy
		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	
A. Name of Agency, Departme B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	
A. Name of Agency, Departme		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attendance	Identify one of the follow Other Other Inter Other	ing: Income [ilityto maximize potential
A. Name of Agency, Departme B. Name of Individua (Last, First)		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attendance	Identify one of the follow U Other I Identify one of the follow I Identify of the follow I Ident	ing: Income [ilityto maximize potential ales
A. Name of Agency, Departme B. Name of Individua (Last, First)		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attendanc County revenue from Ceremonial Role	Identify one of the follow U Other I Identify one of the follow I Identify of the follow I Ident	ing: Income [ilityto maximize potential ales
A. Name of Agency, Departme B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attendanc County revenue from Ceremonial Role If checking "Ceremon	Identify one of the follow Identify one of the follow Identify or "Other" Identify one of the follow I	ing: Income [ilityto maximize potential ales Income [
A. Name of Agency, Departme B. Name of Individua (Last, First) Galvan, Gordon C. Name of Outside Organ	al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attendanc County revenue from Ceremonial Role If checking "Ceremon	Identify one of the follow Duber Dub	ing: Income [ilityto maximize potential ales Income [
A. Name of Agency, Departme B. Name of Individua (Last, First) Galvan, Gordon C. Name of Outside Organ	al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attendanc County revenue from Ceremonial Role If checking "Ceremon	Identify one of the follow Duber Dub	ing: Income [ilityto maximize potential ales Income [

Signature of Ageney Flead or Designee Sarah Oddie Supervisor's Assistant 11.21.2016 V Signature of Ageney Flead or Designee Print Name Title (Month, Day, Year)

Comment: _

A Public Document

				AT abile bocumer
. 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)		1	
Sarah Oddie				
Area Code/Phone Number E	-mail		Amendment (Must pr	
(510) 272-6693 s	arah.oddie@acgov.org	g	Date of Original Filing: _	(Month, Day, Year)
Function or Event Inform	ation			
Does the agency have a ticket p		Face Value o	of Each Ticket/Pass \$	\$600
Event Description Basketball G	ame	Date(s) 11	l <u>, 07 , 16</u>	1 1
, F	Provide Title/Explanation			
Ticket(s)/Pass(es) provided by a	agency? Yes 🗌 No	If no: Golde	n State Warriors	rce
Was ticket distribution made at t	he hehest ou 🗂 v	E Chan	Wilma	rce
of agency official?	he behest No 🗌 Yes	S If yes: Chan	Official's Name (Li	ast, First)
Recipients • Use Section A to identify the agency's	department or unit. • Use Se	ection B to identify an individu	ual. • Use Section C to identi	fy an outside organization
A. Name of Agency, Department	Number of		lic purpose made pursuant (
B. Name of Individual	Number of			
C. (Last First)	Ticket(s)/ Pass(es)		Identify one of the followin	ig :
Kubo, Theresa		Ceremonial Role		Income
Rubo, meresa	2		ial Role" or "Other" describe below:	for all the state of the state of
		potential County rev	anceheld at a County venue from parking & c	tacilityto maximize
			Other	
	2		al Role" or "Other" describe below:	
	2			
Neme of Outside Organization	Number of			
C. Name of Outside Organizat (include address and descrip		Describe the publ	lic purpose made pursuant to	o the agency's policy
Verification				

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

		Sarah Oddie	Supervisor's Assistant	11.21.2016
/	Signature of Agency Mead or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

1. Agency Name		······	Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Regio	on (If Applicable)]	For Official Use Only
Board of Supervisors				
Designated Agency Contact (N	lame, Title)		-	
Sarah Oddie				
Area Code/Phone Number	E-mail	·		rovide explanation in Part 3.)
(510) 272-6693	sarah.oddie@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	ation			450 11-1-1/000
Does the agency have a ticket		o ☐ Face Value o	of Each Ticket/Pass \$ _	450 ticket/\$30 parking
Event Description Basketball g	jame	Date(s)1	<u>, 13 , 16</u>	/
	Provide Title/Explanation			
Ticket(s)/Pass(es) provided by	agency? Yes 🗌 No	If no: Golder	n State Warriors Name of Sou	1000
Was ticket distribution made at	the behest No 🗌 Yes	s 🛛 If yes: <u>Chan</u>		arce
of agency official?		s 🔀 If yes: <u></u>	Official's Name (L	.ast, First)
3. Recipients				
Use Section A to identify the agency's	department or unit. • Use Se	ection 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)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			
	Number of			
B. Name of Individual (Last First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Other A Other al Role" or "Other" describe below:	Income
		Ceremonial Role	Other	Income
ê -				
C. Name of Outside Organiza (include address and descr		Describe the publ	ic purpose made pursuant i	to the agency's policy
Asian Health Services, 818 W Oakland, CA 94607	/ebster St, 2+p	To reward a school to the community	or nonprofit organizati	on for its contributions
Serve/advocate for the API co by ensuring access to healthc				
I. Verification	ons 18944.1 and 18942. I have v	erified that the distribution set fo	rth above, is in accordance with	the requirements.
	Sarah O		Supervisor's Assistant	10.28.2016
/	Saran O		Title	(Month, Day, Year)
Comment:				
				EPPC Form 802 (4/1

-

				Biotributions		A Public D	
1.	Agency Name	-			Date Stamp	California Form	802
	Alameda County						
	Division, Department, or Regi	on (If Applicab	le)		1	For Official U	Jse Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			1		
	Sarah Oddie						
		E-mail			Amendment (Must pr	ovide explanation in	Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Yea	
2	Function or Event Inform					(Month, Day, Yea	7
	Does the agency have a ticket		Yes 🔀 No	Face Value o	of Each Ticket/Pass \$		\$450
				_			
	Event Description Basketball	Provide Title/Exp	lanation	Date(s)	<u>, 13 , 16 </u>	/	/
	Ticket(s)/Pass(es) provided by	20000/2		Golder	n State Warriors		
	noner(o)n acoreo providea by	agency:	Yes 🗌 No		Name of Sou	rce	
	Was ticket distribution made a	t the b ehest	No 🗖 Yes	If yes: Chan	, Wilma		
	of agency official?				Official's Name (La	ast, First)	
3.	Recipients						
	Use Section A to identify the agency	's department or		ction B to identify an individu	al. • Use Section C to identi	ly an outside organ	ization.
	A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's po	licy
	B. Name of Individual		Number of				
	C. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followin	g:	
-	Cox, Jonathan			Ceremonial Role	Other		Income
			2	To promote attendance	al Role* or "Other" describe below: eheld at a County facili parking & concession sale	tyto maximize es	potential
			2	Ceremonial Role	Other		Income
(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 pol	icy
	Verification						

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

_		Sarah Oddie	Supervisor's Assistant	11.21.2016
/	eignature en igeney neut er Bouignee	Print Name	Title	(Month, Day, Year)

Comment: ____

A Dublic Decument

Agency Name Alameda County				Date Stamp	California Form	000
Alameda County						802
•					the state states	
Division, Department, or Regi	on (If Applicabl	e)			For Official	Use Only
Board of Supervisors						
Designated Agency Contact (Vame, Title)			4		
Sarah Oddie						_
	E-mail		······································	Amendment (Must p	rovide explanation in	Part 3.)
(510) 272-6693		@acgov.org		Date of Original Filing:	(Month, Day, Yea	ar)
Function or Event Inform	nation					1
Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _		\$600
Event Description Basketball	game		Data(s) 11	, 26 , 16	,	,
	Provide Title/Exp	lanation	Date(s)	//	/	
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golder			
Was ticket distribution made a	the hebest		🖙 Chan			
of agency official?	the benest	NO 📋 Yes	It yes:	Official's Name (L	ast, First)	
Recipients						
•	's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	ify an outside orga	nization.
		Number of Ticket(s)/ Pass(es)				
District Attorney - Young Wo Saturday Program	men	2				service to
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
			Ceremonial Role	Other		
						Income
		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant i	to the agency's po	licy
	Designated Agency Contact (/ Sarah Oddie Area Code/Phone Number (510) 272-6693 Function or Event Inform Does the agency have a ticket Event Description Basketball Ticket(s)/Pass(es) provided by Was ticket distribution made at of agency official? Recipients • Use Section A to identify the agency A. Name of Agency, Department District Attorney - Young Woth Saturday Program B. Name of Individual (Last, First) C. Name of Outside Organiz	Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie Function or Event Information Does the agency have a ticket policy? Event Description Basketball game Provide Title/Exp. Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit District Attorney - Young Women Saturday Program B. Name of Individual (Last, First)	Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie@acgov.org Function or Event Information Does the agency have a ticket policy? Yes ⊠ No Event Description Basketball game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No Was ticket distribution made at the behest of agency official? No □ Yes Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency by Bowen Saturday Program 2 B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/	Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number E-mail (510) 272-6693 sarah.oddie@acgov.org Function or Event Information Does the agency have a ticket policy? Yes INO Face Value of Event Description Description Basketball game Date(s)11 Provide Title/Explanation Date(s)11 Ticket(s)/Pass(es) provided by agency? Yes INO If no: Golder Magency official? Was ticket distribution made at the behest of agency official? No I Yes I fryes: Chan • Use Section A to identify the agency's department or unit. • Use Section B to identify an individer A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the pub District Attorney - Young Women Sturday Program 2 To reward a County the public or to encore of the public or to	Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 Function or Event Information Does the agency have a ticket policy? Yes ID Event Description Basketball game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ID No ID Yes ID No ID If no: Golden State Warriors Name of Sol No ID Yes ID No ID If yes: Chan, Wilma of agency official? Official's Name (I A Name of Agency, Department or unit • Use Section B to Identify an individual. • Use Section C to Ident A. Name of Agency, Department or Unit Number of Tacket(s)' Describe the public purpose made pursuant District Attorney - Young Women 2 To reward a County employee for his or his chertify one of the following Camponial Role ID Other ID II'' checking C	Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-5693 E-mail sarah.oddie@acgov.org Function or Event Information Does the agency have a ticket policy? Yes IND Face Value of Each Ticket/Pass \$

ution set forth above, is in accordance with the requirements.

- .	Sarah Oddie	Supervisor's Assistant	11.21.2016
Signature of Ageocy Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

A Public Document

							A Fublic Documen	
1.	Agency					Date Stamp	California 802	
	Alameda County Division, Department, or Region (If Applicable)						Form OUZ	
							For Official Use Only	
	Board of Supervisors							
	Designated Agency Contact (Name, Title)							
	Sarah Oddie							
		le/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)				
	(510) 27			e@acgov.org		Date of Original Filing: _		
2	Function or Event Information						(Month, Day, Year)	
						f Each Ticket/Dece &	600 ticket/\$30 parking	
						of Each Ticket/Pass \$\$600 ticket/\$30 parking		
	Event Description Basketball Game			Date(s) <u>11</u>	Date(s) <u>11 / 26 / 16 / / / / / / / / / / / / / / / / /</u>			
						State Warriors		
	Ticket(s)/I	Pass(es) provided by	agency?	Yes 🗌 No	If no: Golder	en State Warriors		
	Was ticket distribution made at the behest No T Yes IST				If yes:			
	of agency official?				IT yes:	Official's Name (L	ast, First)	
		me of Agency, Departme		Number of Ticket(s)/ Pass(es)		al. • Use Section C to identi		
	В.	Name of Individual		Number of				
	D .	(Last. Firsi)		Ticket(s)/ Pass(es)		Identify one of the followin	ig:	
					Ceremonial Role	Other	Income	
	Findlay, [Delvecchio		2+p	To promote attendance	al Role" or "Other" describe below: eheld at a County facili parking & concession sal	tyto maximize potential es	
				2+p	Ceremonial Role	Other All Other All Other and All Other All Other and All Other's describe below:	Income	
(Name of Outside Organiz nclude address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy	
-						2		

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	11.21.2016
/	Print Name	Title	(Month, Day, Year)

Comment: _

1.						
	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicat	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				1	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)	
	(510) 272-6693	sarah.oddi	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
)	Function or Event Inform	mation				(
	Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$ _	\$600 ticket
	Event Description Basketball	Game		Data(a) 11	, 28 , 16	/
		Provide Title/Ex	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 a of agency official?	t the behest	No 🗌 Yes	If yes: Chan	, WIIMa Official's Name (l act Eizet
.		ia deportment e		etien Dás identifs en individ.		
			Number of		ual. • Use Section C to Identify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the agency's policy	
	B. Name of Individua					
	(Lest First)	I	Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, First)					
	(Last, First) Cluver, Andreas		Ticket(s)/	If checking *Ceremoni To promote attendance	Other describe below:	Income
	(Lest, First)	·	Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attendanc County revenue from Ceremonial Role	Other other describe below: ceheld at a County faci parking & concession sa	Income
-	(Lest, First)	zation	Ticket(s)/ Pass(es) 2	If checking "Ceremoni To promote attendance County revenue from Ceremonial Role If checking "Ceremoni	Other describe below: el Role" or "Other" describe below: echeld at a County faci parking & concession sa Other	Income
	(Last, First) Cluver, Andreas C. Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To promote attendance County revenue from Ceremonial Role If checking "Ceremoni	Other Arcle ^e or "Other" describe below: teheld at a County faci parking & concession sa Other Other Role ^e or "Other" describe below:	Income
	(Last, First) Cluver, Andreas C. Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To promote attendance County revenue from Ceremonial Role If checking "Ceremoni	Other Arcle ^e or "Other" describe below: teheld at a County faci parking & concession sa Other Other Role ^e or "Other" describe below:	Income
	(Lest, First) Cluver, Andreas C. Name of Outside Organi (include address and desc	zation ription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attendanc County revenue from Ceremonial Role If checking "Ceremoni	Other Arcle ^e or "Other" describe below: teheld at a County faci parking & concession sa Other Other Role ^e or "Other" describe below:	Income
	(Lest, First) Cluver, Andreas C. Name of Outside Organi (include address and desc	zation ription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attendanc County revenue from Ceremonial Role If checking "Ceremoni Describe the publ	Other In Content of the service below: Describe dat a County facily Describe at a County facily Describe at a County facily Describe at a County facily Other Describe below: Describe below: Desc	Income

A Public Document

_					A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Region (If App		For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title					
	Sarah Oddie					
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
		ddie@acgov.org		Date of Original Filing: _		
2	· · ·				(Month, Day, Year)	
Ζ.	Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$					
	Does the agency have a ticket policy?	Yes 🔀 No				
	Event Description Basketball Game	1 - Ar 1	Date(s)	1 , 28 , 16 , ,		
	Ticket(s)/Pass(es) provided by agency	? Yes 🗌 No	If no: Golden	n State Warriors Name of Sou	me	
	Was ticket distribution made at the beh	est No D Voo	If yes: Chan			
	of agency official?	of agency official? Vas ticket distribution made at the behest No □ Yes ⊠ If yes: □				
Ų.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to identify an outside organization. Number of					
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	o the agency's policy	
	B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:	
		Pass(es)	Ceremonial Role	Other		
				ial Role" or "Other" describe below:	income	
			Ceremonial Role	Other I 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 t	o the agency's policy	
	Non-Profit Housing Association,369 St # 350, San Francisco, CA 94104	Pine 2	To reward a school to the community	or nonprofit organizatio	on for its contributions	
	Make Bay Area a place where every has an affordable & stable home	one				
4.	Verification					

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

_	Sarah Oddie	Supervisor's Assistant	11.21.2016
	Print Name	Tītie	(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 1.125 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$_ Yes 🛛 No 🗆 Event Description Warriors vs. OKC Thunder 3 16 11 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If ves: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. 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. Ticket(s)/ Identify one of the following: (Lasi, First) Pass(es) Ceremonial Role Other 🔀 Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🗖 Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Union City Lions Club, P.O. Box 2314 To reward a non profit organization for its contributions to the 4 Union City, CA 94587 community. Volunteer service organization Verification 10-44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Nancy Sa Supervisor's Assistant 11/29/16 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description <u>Warriors vs. New Orleans Pelicans</u> Date(s) 11 7 16 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If ves: <u>Valle</u>, 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 Β. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: (Last First) Ceremonial Role Income Other X If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Chabot College Foundation, 25555 To reward a non profit organization for its contributions to the 4 Hesperian Blvd, Hayward CA 94545 community. Supports Chabot College Varification 144.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements, Nancy Sa Supervisor's Assistant 11/29/16 Signature of Agency Head or Designee Print Name Title (Month, Day, Year) Includes 1 parking pass at the value of \$30

A Public Document

1. Agency Name

Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name. Title) Nancy Sa Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 1.000 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗆 Event Description <u>Warriors vs.</u> Phoenix Suns 13 16 11 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 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of 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 Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other 🛛 Income 🔲 If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) League of Volunteers, 8440 Central, Ste. To reward a non profit organization for its contributions to the 4 A/B Newark, CA 94560 community. Promotes volunteerism to enhance the quality of life in the Tri Cities

4. Verification

1 6

Α.

В.

C.

ave read and understand EDD# Desulations 1.	8944.1 and 18942.	I have verified that the distrib	ution set forth above,	is in accordance with the re	quirements
---	-------------------	----------------------------------	------------------------	------------------------------	------------

Nancy Sa

Print Name

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

11/29/16

(Month, Day, Year)

Supervisor's Assistant

Title

A Public Document

California

Date Stamp

Event Description Warriors vs. LA Lakers Date(s) 11 23 16 Provide Title/Explanation Date(s) 11 23 16	C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
Animeted Cupitity For Official Use Only Division, Department, or Region (if Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Trile) Nancy Sa Area Code/Phone Number E-mail (510) 272-6692 nancy.sa@acgov.org Date of Original Filing:	1.	Agency Name			Date Stamp	California 802
Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa Arrea Code/Phone Number (510) 272-6692 Imancy.sa@acgov.org Designated Agency Contact (Name, Title) Does the agency have a ticket policy? Yes X Does the agency have a ticket policy? Yes X Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes X Valle, Richard If yes: Valle, Richard Number of Ticket(s) Name of Agency, Department or unit. Valle, Richard Ceremonial Role of One of a facility to the County's goals for fostoring arts, culture and entertainment opportunities for reside for county's dopastion for escile below: To evaluate the contribution of a facility		Alameda County				
Designated Agency Contact (Name, Title) Nancy Sa Area Code/Phone Number (510) 272-6692 E-mail nancy.sa@acgov.org Amendment (Must provide explanation in Parl 3.) Date of Original Filling:		Division, Department, or Region (If Applicable	e)	· · · · ·		For Official Use Only
Designated Agency Contact (Name, Title) Nancy Sa Area Code/Phone Number (510) 272-6692 E-mail nancy.sa@acgov.org Amendment (Must provide explanation in Parl 3.) Date of Original Filling:		Board of Supervisors				
Area Code/Phone Number (510) 272-6692 E-mail nancy.sa@acgov.org Image: Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Event Description Yes IN 0 Face Value of Each Ticket/Pass \$(Month, Day, Year) Event Description Warriors vs. LA Lakers Provide TitleExplanation Date(s) 11 / 23 / 16 / / / / // Ticket(s)/Pass(es) provided by agency? Vas ticket distribution made at the behest of agency official? No I Yes I No I Yes I fro: Golden State Warriors Name of Source Name of Source •Use Section A to identify the agency's department or unit. (ass Serie) •Use Section A to identify the agency's department or unit. (ass Serie) •Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (ass Serie) Number of Ticket(s) Ceremonial Role or Other I dentify one of the following: To evaluate the contribution of a facility to the County's goals for fostering arts, culture and entertainment opportunities for reside fostering Tas, culture and entert					-	
Area Code/Phone Number (510) 272-6692 E-mail nancy.sa@acgov.org Image: Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Event Description Yes IN 0 Face Value of Each Ticket/Pass \$(Month, Day, Year) Event Description Warriors vs. LA Lakers Provide TitleExplanation Date(s) 11 / 23 / 16 / / / / // Ticket(s)/Pass(es) provided by agency? Vas ticket distribution made at the behest of agency official? No I Yes I No I Yes I fro: Golden State Warriors Name of Source Name of Source •Use Section A to identify the agency's department or unit. (ass Serie) •Use Section A to identify the agency's department or unit. (ass Serie) •Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (ass Serie) Number of Ticket(s) Ceremonial Role or Other I dentify one of the following: To evaluate the contribution of a facility to the County's goals for fostering arts, culture and entertainment opportunities for reside fostering Tas, culture and entert		Nonov So				
(510) 272-6892 nancy.sa@acgov.org Date of Original Filing:(Month, Day, Yeer) 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$		2			Amendment (Must pr	rovide explanation in Part 3.)
2. Function or Event Information (Modif), Day, Year) Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$1100 Event Description Warriors vs. LA Lakers Date(s) _11 _ 23 _ 16 _ / Provide Title/Explanation Date(s) _11 _ 23 _ 16 _ / Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Warriors Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Valle, Richard- Supervisor District 2			acaoy ora		Date of Original Filing:	
Does the agency have a ticket policy? Yes INO Face Value of Each Ticket/Pass \$	2		logov.org			(Month, Day, Year)
Event Description Warriors vs. LA Lakers Date(s) 11 23 16 Event Description Provide Title/Explanation Date(s) 11 23 16 Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors Was ticket distribution made at the behest of agency official? No Yes No Yes Valle, Richard- Supervisor District 2 Official's Name (Last, First) Official's Name (Last, First) Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) Valle, Richard Ceremonial Role Other Match Delay. Income Valle, Richard Ceremonial Role Other Match Delay. Income Income Valle, Richard Ceremonial Role Other Match Delay. Income Income Valle, Richard Ceremonial Role Other Match Delay. Income Income Valle, Richard Ceremonial Role <td< td=""><td>٤.</td><td></td><td></td><td></td><td>of Each Tickot/Dasa ¢</td><td>1,100</td></td<>	٤.				of Each Tickot/Dasa ¢	1,100
Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No □ Yes ☑ If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last First) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Income Valle, Richard Ceremonial Role □ Other ☑ Income If checking "Ceremonial Role" or "Other" describe below: To evaluate the contribution of a facility to the County's goals for fostering arts, culture and entertainment opportunities for reside Ceremonial Role □ Other ☑ Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public. Income C. Name of Outside Organization (Incluste address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy						
Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Lest Find) Number of Ticket(s)/ Pass(es) Lidentify one of the following: Pass(es) Income Valle, Richard Ceremonial Role		Event Description	anation	Date(s) <u>11</u>		//
Was ticket distribution made at the behest of agency official? No Yes X If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Valle, Richard Ceremonial Role Other X and the country's goals for fostering arts, culture and entertainment opportunities for reside for or Other describe below: Income If checking 'Ceremonial Role or Other describe below: To evaluate the contribution of a facility to the County's goals for fostering arts, culture and entertainment opportunities for reside for counter describe below: Income If checking 'Ceremonial Role or Other describe below: Chen, Mei Ling Ceremonial Role or Other describe below: Income If the checking 'Ceremonial Role or Other describe below: To reward a community volunteer for her service to the public. Income If checking 'Ceremonial Role or Other describe below:			anation		n State Warriors	
of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Turber of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last First) Number of Ticket(s)/ Pass(es) Identify one of the following: Valle, Richard Ceremonial Role Other Section B to identify to the County's goals for fostering arts, culture and entertainment opportunities for reside Income Chen, Mei Ling Ceremonial Role Other Section B to identify volunteer for her service to the public. Income C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		licket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of Sou	irce
of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last First) Number of Ticket(s)/ Pass(es) Identify one of the following: Valle, Richard Ceremonial Role Other Section B to identify to the County's goals for fostering arts, culture and entertainment opportunities for reside Chen, Mei Ling Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public. C. Name of Outside Organization (undude addrese and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		Was ticket distribution made at the behest	No 🗆 Yes	X If yes. Valle,	, Richard- Supervisor E	District 2
• 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 Tricket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Lest First) Number of Tricket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Valle, Richard Number of Tricket(s)/ Pass(es) Identify one of the following: Valle, Richard Ceremonial Role		of agency official?		1 yes	Official's Name (L	ast, First)
B. Name of individual (Last First) Ticket(s)/ Pass(es) Identify one of the following: Valle, Richard Ceremonial Role □ Other ⊠ Income If checking "Ceremonial Role" or "Other" describe below: Income Valle, Richard To evaluate the contribution of a facility to the County's goals for fostering arts, culture and entertainment opportunities for reside Chen, Mei Ling Ceremonial Role □ Other ⊠ Income If checking "Ceremonial Role" or "Other" describe below: Chen, Mei Ling Ceremonial Role □ Other ⊠ Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public. C. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy			Number of Ticket(s)/			
Valle, Richard Ceremonial Role □ Other ☑ Other ☑ Income If checking "Ceremonial Role" or "Other" describe below: To evaluate the contribution of a facility to the County's goals for fostering arts, culture and entertainment opportunities for reside Chen, Mei Ling Ceremonial Role □ Other ☑ Income If checking "Ceremonial Role" or "Other" describe below: Income Chen, Mei Ling Income If checking "Ceremonial Role" or "Other" describe below: Income To reward a community volunteer for her service to the public. To reward a community volunteer for her service to the public. C. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		B. Name of Individual	Ticket(s)/	12 III IIII IIII IIII IIII IIII IIII II	Identify one of the followir	ng;
Valle, Richard If checking "Ceremonial Role" or "Other" describe below: To evaluate the contribution of a facility to the County's goals for fostering arts, culture and entertainment opportunities for reside Chen, Mei Ling Ceremonial Role I Other I other" describe below: To reward a community volunteer for her service to the public. C. Number of Ticket(s)! Describe the public purpose made pursuant to the agency's policy			Pass(es)	Commercial Data		
fostering arts, culture and entertainment opportunities for reside Chen, Mei Ling Chen, Mei Ling Chen, Mei Ling Chen, Mei Ling Income If checking "Ceremonial Role" or "Other I describe below: To reward a community volunteer for her service to the public. C. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		Valle, Richard				Income
Chen, Mei Ling If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public. C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy				To evaluate the cor fostering arts, culture	ntribution of a facility to re and entertainment o	the County's goals for portunities for resident
C. Name of Outside Organization Number of (Include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		Chen, Mei Ling				
C. (include address and description) Ticket(s)/ Describe the public purpose made pursuant to the agency's policy				To reward a commu	unity volunteer for her s	service to the public.
	(Describe the publ	lic purpose made pursuant t	o the agency's policy
St. Rose Hospital Foundation, 27200 Calaroga Ave. Hayward, CA 94545To reward a non profit organization for its contributions to the community.			10		ofit organization for its	contributions to the
Supports the mission to provide quality healthcare to all those in need						

4. Verification

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

	Nancy Sa	Supervisor's Assistant
eiginataise ein igeney nead ei beeiginee	Print Name	Title

Comment: Includes 4 parking passes at the value of \$30

___ ...

11/29/16

(Month, Day, Year)

Ceremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name			·····	Date Stamp	California 802
Alameda County					- Contraction
Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			1	
Nancy Sa					
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692	nancy.sa@a	icgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Infor	mation	· · · · · · · · · · · · · · · · · · ·			4.400
Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	1,100
Event Description Warriors v	s. Minnesota Provide Title/Expl		5 Date(s) <u>11</u>	, 26 , 16	
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of So	
Was ticket distribution made a	t the behest		valle.		
of agency official?	at the benest	No 🗌 Yes	If yes:	Richard- Supervisor Official's Name (Last, First)
. Recipients					
Use Section A to identify the agency	y's department or		tion B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
District Attorney's Office		4	To reward a County public.	employee for her exe	emplary service to the
B. Name of Individua	ıl -	Number of Ticket(s)/		Identify one of the follow	ing:
(Lasi First)		Pass(es)			
				Other 🔀 al Role" or "Other" describe below:	Income
			Ceremonial Role	Other X al Role" or "Other" describe below:	Income
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
. Verification		· I			
the second and redenies of FDBO Decod	10^44.1 and			orth above, is in accordance wit	
		Print Name		Supervisor's Assistant	
		r nnu wanne	•	nde	(Month, Day, Year)

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

				A Public Docume
. Agency Name			Date Stamp	California 802
Alameda County				Form OU2
Division, Department, or Region (f Applicable)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name	e, Title)		-	
Nancy Sa				
Area Code/Phone Number E-m	ail		Amendment (Must p	rovide explanation in Part 3.)
	icy.sa@acgov.org		Date of Original Filing:	
Function or Event Informati				(Month, Day, Year)
Does the agency have a ticket poli		Face Value	of Each Ticket/Pass \$ _	1,000
Event Description	de Title/Explanation	Date(s)	1 , 28 , 16	///
Ticket(s)/Pass(es) provided by age		Golde	n State Warriors	
nekel(s/rass(es) provided by age	ency? Yes 🗌 No		Name of So	
Was ticket distribution made at the	behest No 🗌 Yes	If yes: Valle	, Richard- Supervisor I	District 2
of agency official?		,	Official's Name (I	.ast, First)
A. Name of Agency, Department or I	Unit Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
A. Name of Agency, Department or I	Unit Ticket(s)/	Describe the put	lic purpose made pursuant	to the agency's policy
A. Name of Agency, Department or I B. Name of Individual (Last, First)	Jnit Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	
B. Name of Individual	Jnit Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followi	
B. Name of Individual	Jnit Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the followi	ng:
B. Name of Individual	Jnit Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Identify one of the followi Other Other Isi Role" or "Other" describe below: Other Other	ng: Income
B. Name of Individual (Last, First) C. Name of Outside Organization	Jnit Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Identify one of the followi Other Other ial Role" or "Other" describe below: Other Other Other Ial Role" or "Other" describe below:	ng: Income Income

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	11/29/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

Ceremonial Role Events and				A Public Docume
. Agency Name			Date Stamp	California 802
Alameda County				Form OU2 For Official Use Only
Division, Department, or Region (If Appl	licable)			For Official Ose Offiy
Board of Supervisors				
Designated Agency Contact (Name, Title,)		1	
Nancy Sa				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692 nancy.s	a@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information	0 0 0			(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	78.75
Event Description Katt Williams Const Provide Titl	e/Explanation	Date(s)'	1 , 4 , 16	//
	,	Golde	en State Warriors	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of Sc	purce
Was ticket distribution made at the beha	est No⊡Yes	X If yes. Valle	e, Richard- Supervisor Official's Name (District 2
of agency official?			Official's Name (Last, First)
• Use Section A to identify the agency's department A. Name of Agency, Department or Unit	ent or unit. • Use Se Number of Ticket(s)/		Iual. • Use Section C to iden	
	Pass(es)			
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
B. Name of Individual (Last First)	Number of Ticket(s)/	Ceremonial Role	Identify one of the follow	
B. Name of Individual (Last First)	Number of Ticket(s)/	If checking "Ceremo Ceremonial Role	Other Nial Role" or "Other" describe below:	Income
B. Name of Individual (Last First) C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other Other Other Other Other Other Other	Income
(Last First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the put	Other inial Role" or "Other" describe below: Other Other nial Role" or "Other" describe below:	Income Income
(Last First) C. Name of Outside Organization (include address and description) Ruby's Place, 1190 B Street, Haywar	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a non p	Other inial Role" or "Other" describe below: Other Other nial Role" or "Other" describe below: blic purpose made pursuant	Income Income
(Last First) C. Name of Outside Organization (include address and description) Ruby's Place, 1190 B Street, Haywar CA 94541 Provides shelter and services to victir of domestic violence. Verification	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a non p community	Other nial Role" or "Other" describe below: Other Other nial Role" or "Other" describe below: polic purpose made pursuant rofit organization for its	Income Income Income
(Last First) C. Name of Outside Organization (include address and description) Ruby's Place, 1190 B Street, Haywar CA 94541 Provides shelter and services to victir of domestic violence. Verification	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the put To reward a non p community	Other nial Role" or "Other" describe below: Other Other nial Role" or "Other" describe below: blic purpose made pursuant	Income

.

Cerer	nomal Role Even	is and in	LNEUF ass	Distributions		A Public Document
1. Age	ency Name				Date Stamp	California 802
Alar	neda County					Contraction of the second s
Divis	sion, Department, or Regi	on (If Applicab	le)			For Official Use Only
Воа	rd of Supervisors					
Desi	gnated Agency Contact (/	Vame,Title)			-	
Nan	cy 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. Fun	ction or Event Inform	nation				110
	s the agency have a ticket		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	148
Even	t Description	enefit Conce Provide Title/Exp	ert Dianation	Date(s)1	, 5 , 16	//
Ticke	et(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of Sol	urce
	ticket distribution made at gency official?	t the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor I Official's Name (L	District 2
A.	Section A to identify the agency Name of Agency, Departmer		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
В.	Name of Individual (Last First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremoni	Other and the series below:	Income
C.	Name of Outside Organia (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
	y's Place, 1190 B Street, 94541	Hayward	4	To reward a non pro	ofit organization for its	contributions to the

4. Verification

of domestic violence.

Provides shelter and services to victims

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	11/29/16
оциацие от муенсу пеао ог резіднее	Print Name	Title	(Month, Day, Year)

A Public Document

1. Agency Name			Date Stamp	California 000
Alameda County				Form OUZ
Division, Department, or Region (If Application	ble)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Nancy Sa				
Area Code/Phone Number E-mail			Amenament (Must)	provide explanation in Part 3.)
(510) 272-6692 nancy.sa@)acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			18 mar	405 50
Does the agency have a ticket policy?	Yes 🖾 No	Face Value of	of Each Ticket/Pass \$ _	105.50
Event Description Lil Wayne & 2 Chainz Provide Title/Ex	Concert xplanation	Date(s)1	, 10 , 16	//
Ticket(s)/Pass(es) provided by agency?	Yes 🗋 No	If no: Golder	n State Warriors Name of Sc	burce
Was ticket distribution made at the behest	No 🗌 Yes	Valle, Valle		
of agency official?	NOL Tes		, Richard- Supervisor Official's Name (Last, First)
	Pass(es)			
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		identify one of the follow	ing:
			Other describe below:	Income
		Ceremonial Role	Other	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
La Familia Counseling Service, 26081 Mocine Ave, Hayward CA 94544	4	To reward a non pro community	ofit organization for its	contributions to the
Provides mental health and community support services				
4. Verification	nd 18942 baye us	rified that the distribution set fo	oth above is in accordance with	h the requirements

nce with the requirements.

Nancy Sa	Supervisor's Assistant	11/29/16
 Print Name	Title	(Month, Day, Year)

Comment: _____

			Distributions		A Public Documen
Agency Name				Date Stamp	California 802
Alameda County					1 chill
Division, Department, or Regi	on (If Applicab	le)			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@	acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation				(
Does the agency have a ticket	policy?	Yes 🛛 No	Face Value of	f Each Ticket/Pass \$ _	40
Event Description Intel Extrem	me Masters		Deto(a) 11	<u>, 19 , 16 </u>	11 , 20 , 16
	Provide Title/Exp	planation			//
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golder	State Warriors	
				Name of So	
Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor I Official's Name (I	ast First)
		Ticket(s)/ Pass(es)			
B. Name of Individual		Pass(es)		Identify one of the followi	no*:
B. Name of Individual (Last First)		Pass(es)		Identify one of the followi	ng:
B. Name of Individual (Last First)		Pass(es)		Identify one of the followi	ng:
B. Name of Individual (Last First)		Pass(es)	If checking "Ceremoni Ceremonial Role	Other	
B. Name of Individual (Last First) C. Name of Outside Organit (include address and desc	zation	Pass(es)	If checking "Ceremoni Ceremonial Role	Cther	Income
(Last First)	zation ription) ce, 26081	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the publ	Cher Al Role" or "Other" describe below: Other Other I Other Al Role" or "Other" describe below:	Income

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

Nancy Sa Supervisor's Assistant 11/29/16 Print Name Title (Month, Day, Year)

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 150 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description ______ IMANA: Latino Power Tour 11 16 11 1 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 🖾 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Pass(es) Identify one of the following: (Last First) Ceremonial Role Other 🛛 Income Amezquita, Steffini If checking "Ceremonial Role" or "Other" describe below: 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 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	11/29/16
orginatare or rigority risks or prospriot	Print Na	ame Title	(Month, Day, Year)

Comment: _

A Public Document

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 275 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes 🗵 No 🗌 Event Description Oakland Raiders vs. Denver Broncos Date(s) ______6 16 Provide Title/Explanation If no: Oakland Raiders Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🕅 of agency official? Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Pilar, Anthony	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
	4	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u> </u>		

4. Verification

1

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

 Nancy Sa
 Supervisor's Assistant

 Print Name
 Title

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

11/29/16

(Month, Day, Year)

A Public Document

A				T USE VINTAGE IN
Agency Name			Date Stamp	California 80 Form
Alameda County			_	Form OU For Official Use Only
Division, Department, or Region (If Applica	able)			
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(@acgov.org		Date of Original Filing	:(Month, Day, Year)
Function or Event Information		·····		(monin, buy, roar)
Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$.	27
Event Description Oakland Raiders vs.				//
Event Description Provide Title/E	Explanation	Date(s)		//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	ind Raiders	
			Name of S	
Was ticket distribution made at the behes	t No 🗌 Yes	If yes: Valle	e, Richard- Supervisor Official's Name	District 2
of agency official?		,	Official's Name	(Last, First)
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	it to the agency's policy
	Pass(es)			
B. Name of Individual	Pass(es)		Identify one of the follow	
	Pass(es)		Identify one of the follow	
B. Name of Individual (Last. First)	Pass(es)	Ceremonial Role	Other 🛛	Income
B. Name of Individual	Pass(es)	Ceremonial Role If checking "Ceremo	Dther X	Income
B. Name of Individual (Last. First)	Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To evaluate the co	Other I other niel Role" or "Other" describe below: ntribution of a facility t	Income
B. Name of Individual (Last. First)	Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To evaluate the co fostering arts, cultu Ceremonial Role	Other Other other other other describe below: ntribution of a facility t ure, and entertainment Other	Income to the County's goals fi t opportunities for Cour Income
B. Name of Individual (Last. First)	Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To evaluate the co fostering arts, cultu Ceremonial Role	Other Inter Other Other Other Other Other Other Other Inter	Income to the County's goals fo t opportunities for Cour Income
B. Name of Individual (Last First) Valle, Richard	Pass(es) Number of Ticket(s)/ Pass(es) 4 4 Number of	Ceremonial Role If checking "Ceremo To evaluate the co fostering arts, cultu Ceremonial Role If checking "Ceremon	Other Other Inial Role" or "Other' describe below: ntribution of a facility fure, and entertainment Other Other Other High Role" or "Other' describe below:	Income to the County's goals fo t opportunities for Cour Income
B. Name of Individual (Lest. First) Valle, Richard	Pass(es) Number of Ticket(s)/ Pass(es) 4 4	Ceremonial Role If checking "Ceremo To evaluate the co fostering arts, cultu Ceremonial Role If checking "Ceremon	Other Other other other other describe below: ntribution of a facility t ure, and entertainment Other	Income to the County's goals fit t opportunities for Cour Income
B. Name of Individual (Last First) Valle, Richard	Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) 4 4 1 4 1 1	Ceremonial Role If checking "Ceremo To evaluate the co fostering arts, cultu Ceremonial Role If checking "Ceremon	Other Other Inial Role" or "Other' describe below: ntribution of a facility fure, and entertainment Other Other Other High Role" or "Other' describe below:	Income to the County's goals fo t opportunities for Cour Income
B. Name of Individual (Last First) Valle, Richard C. Name of Outside Organization (include address and description)	Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) 4 4 1 4 1 1	Ceremonial Role If checking "Ceremo To evaluate the co fostering arts, cultu Ceremonial Role If checking "Ceremon	Other Other Inial Role" or "Other' describe below: ntribution of a facility fure, and entertainment Other Other Other High Role" or "Other' describe below:	Income to the County's goals fo t opportunities for Cour Income
B. Name of Individual (Last First) Valle, Richard C. Name of Outside Organization (include address and description) Verification	Pass(es) Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To evaluate the co fostering arts, cultu Ceremonial Role If checking "Ceremon Describe the put	Other Other Inial Role" or "Other' describe below: ntribution of a facility fure, and entertainment Other Other Other High Role" or "Other' describe below:	Income to the County's goals fo t opportunities for Cour Income
B. Name of Individual (Last First) Valle, Richard C. Name of Outside Organization (include address and description) Verification	Pass(es) Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To evaluate the co fostering arts, cultu Ceremonial Role If checking "Ceremon Describe the put	Other Other Inial Role" or "Other" describe below: ntribution of a facility fure, and entertainment Other Other Inial Role" or "Other" describe below: Dic purpose made pursuant	Income to the County's goals for t opportunities for Cour Income t to the agency's policy

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Ceremonial Role Events and Ticket/Pass Distribution	\$	A Public Documer
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, Tille)		
Lee Ann Fergerson, Supervisor's Assistant		
Area Code/Phone Number [E-mail	Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6691 leeann.fergerson@acgov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		
	e of Each Ticket/Pass \$	875
	10, q, 10	
Event Description Date(s) Date(s)		
Ticket(s)/Pass(es) provided by agency? Yes No I If no:	SSN)	
	Name of Soc Nameda County Supervi	ince
	Official's Name (L	
of agency official?	Omde s renna (c	ası, rasıj
Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an inde	uldual - a litra Castian Cita Idaati	Er om entelide er en fostion
	ublic puppes made pursuant.	
A. Name/of/Agency, Department on Unit	public purpose madelpursuant i	o the agency's policy
B. Name of adviated	Identity one of the followin	9.
Gupenneor Sett 41		ne 🗔
	sight of facilities or events	that have
Haggerty, Nist, / received Coun	ty funding or support	
Ceremonial Role	Other	Income
	onial Rols" or "Other" describe below:	
	adaptibili che amissi al simila si all'artere	a to temperate and a state of the second
Name of Outside Organization (Include address and description) (Include address and description)	blic purpose made pursuant io	the agency a policy
		理制理。但是是臺灣總統這名不行。
•		······
Verification finance of the stand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set	forth above is in accordance with th	e requirements
Lee Ann Fergerson	Supervisor's Assistant	(Monih, Day, Year)
() /		
Comment:		

A Public Document

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		-					and the second second	the second se
1.	. Agency Name					Date Stamp		ornia 802
	Alameda County							Official Use Only
	Division, Department, or Reg	Ion (If Applical	ole)					Onidal Ose Only
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)		<u> </u>	-			
	Lee Ann Fergerson, Superv	isor's Assist	ant					
	Area Code/Phone Number	E-mail				Amendment (Mu	st provide explai	nation in Part 3.)
	(510) 272-6691	leeann.ferg	erson@acg	ov.org		Date of Original Filln	g:(Month, L	Day Yeart
2.	Function or Event Infor	mation		a.0			(menning a	
	Does the agency have a ticke	t policy?	Yes 🔲 No	Face	Value o	f Each Ticket/Pass \$	800	.80
	Enter 120	incores	_		. 1	, 12, 17		
	Event Description	Provide Title/Exp		Date(S)		/	/
	 Ticket(s)/Pass(es) provided by 	/agencv?	Yes 🔼 No	If no:	G	Sw		
		• •			Alar	Nama of neda County Supe	Source Drison Scot	t Ungrarty D
	Was ticket distribution made a	t the behest	No 🗋 Yes	💹 if yes:		Official's Name		– – – – – – – – – – – – – – – – – – –
	of agency official?				1.20 ·	Onicie s Nemi	a (LBS), PHSIJ	
3.	Recipients				- 1 - 11 - 1.4			
	Use Section A to Identify the agency							
	A. Name of Agency, Departmen		Number of Tickot(s)/	Describe	the publ	le;purpose made pursua	int to the agen	cy's policy
			·	动动物名 "谢哈哥的?""		动脉的 网络拉拉拉 化二乙酸 网络拉拉拉 计分子 网络加尔达 计分子	a fa se fa se	
			<u> </u>				liddios∰itats_t	ALEAS IN THE STATE
 Mathematical state 	B. Name of Individual Indiana Ruch		Number of TEASE(09)	To promote	attenda	identify grie of therfolio nce at a county sponso	wing:	order no 🗌
 March 100 and 100 and 10	R		a conumberiof.	To promote	attenda potentia	Identify one of therfolio	wing:	order ne
	R		a conumberiof.	To promote to maximize parking sale. Ceremoni	attenda potentia s.	identify grie of therfolio nce at a county sponso	ored event in concession an	order no 🗌
a the second sec	R		a conumberiof.	To promote to maximize parking sale. Ceremoni	attenda potentia s.	Identify one of thereifor nce at a county sponso al county revenue for c	ored event in concession an	order ne
	R	erg	Numberiof	To promote to maximize parking sale. Coremonia (/ checking	attenda potentia s. al Role	Identify griefor theroifor nce at a county sponso al county revenue for c Other	ored event in concession an	order ne d
	B. Name of Outside Organiz	erg	Mumbersof Ticketev Baseren	To promote to maximize parking sale. Coremonia (/ checking	attenda potentia s. al Role	Identify one of thereifor nce at a county sponso al county revenue for c	ored event in concession an	order ne d
	B. Name of Outside Organiz	erg	Numberiof	To promote to maximize parking sale. Coremonia (/ checking	attenda potentia s. al Role	Identify griefor theroifor nce at a county sponso al county revenue for c Other	ored event in concession an	order ne d
	B. Name of Included The Fred I	erg	Numberiof	To promote to maximize parking sale. Coremonia (/ checking	attenda potentia s. al Role	Identify griefor theroifor nce at a county sponso al county revenue for c Other	ored event in concession an	order ne d
	B. Name of Outside Organiz	alon	Numberiof TCNOISIV Fession XX Numberiof TCKetoy	To promote to maximize parking sale. Ceremonin If checking	attenda potentia s. *Ceremonial	Identify griefor theroifor nce at a county sponso al county revenue for c Other	wing pred event in concession an	order ne d
	B. Name of Included The Fred I	aton 1700n) 14.1 and	Numberiof TCNOISIV Fession XX Numberiof TCKetoy	To promote to maximize parking sale. Coremonia If checking Describe	attendar potentia s. al Role ["Ceremonial trapilbili	Identify crie or theroito nce at a county sponso al county revenue for c Other Raie" or "Other" describe below.	WING: pred event in concession an concession	order ne d

Comment: _____

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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		Amendment (Must	rovide explanation in Part 3.}
	Area Code/Phone Number	E-mail				
	(510) 272-6691		erson@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					SAD OT
	Does the agency have a ticket		Yes 🔲 No 🛛	Face Value	of Each Ticket/Pass \$	000,000
	Event Description	Provide Title/Exp	VS HCG	Date(s)	1,10,17	///
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No [] if no:	Name of So	
	Man tinket distribution made	tika hahasi		AI	ameda County Superv	isor Scott Haggerty, D 1
	Was ticket distribution made a of agency official?	t the denest	No 🗍 Yes [If yes:	Official's Name (I	
3.	Recipients		-			
	• Use Section A to Identify the agency					
	A. Name of Agency, Department	ñi on Unit	Number of Tickous/	Describe the p	ublic:purpose madelpursuant	to the agency's policy
			Pass(es).		U.	
	· · · · · · · · · · · · · · · · · · ·					
	B. Name of Individua		Number of		identify one of the follow	
			Pasalosi		identify one of therfollow	
	TONY SIV	nola	4/		idance at a county sponsore ntial county revenue for co	
	Jony Sir	yn		parking sales.	indu county revenue for co	
				Ceremonial Rote		Income
		÷		lf checking "Cerema	onial Role" or "Other" describe below:	
	Name of Outside Organi	zation	Number of			
	i (include address) and desc	ripilon)	Ticket(e)/ Pose(es)	Describe the pi	blic;purpose made pursuant:	
					· · · ·	
	0.0					
Ş.	Verification	··· .	•			
	ing a state of the second s				forth above, is in accordance with	the requirements.
(Lee Ann Ferg	erson	Supervisor's Assistant	11/22/11
	Signature of Agency Head of Designee	ノ	Print Name		Title	(Mohin, Day, Yelar)
	Comment:					
						FPPC Form 802 (4/12)

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

Ceremonial Role Events and Ticket/Pass Distributions		A Public Documer
. Agency Name	Date Stamp	California 802
Alameda County	4 d	TOTIN COL
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	Amenament (Must)	provide explanation in Part 3.)
(510) 272-6691 leeann.fergerson@acgov.org	Date of Original Filing:	(Month, Day, Yeer)
Function or Event Information	6	ILAS DO
	f Each Ticket/Pass \$ _	140.00
Event Description Kany C Provide Tille/Explanation Date(s)	<u>), 23, 16</u>	///
Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🗍 If no:	Name of So	UFCO
Alan Was ticket distribution made at the behest No 🗌 Yes 🗍 If yes:	neda County Superv	isor Scott Haggerty, D
of agency official?	Ófficial's Name (
Recipients	• • •	
Use Section A to identify the agency's department or unit. Use Section B to identify an individual		
A. Name:of/Agency, Department or Unit Describe the public	lc.purpose made pursuant	to the agency's policy
	<u>一部的第三人称单数</u> 的基础的。	<u>1993年,1991年6月1日日初日</u> 1
	·	
B. Numberoff Tokotov Rasicov	identify one of theffollow	ng:
	nce at a county sponsore al county revenue for co	
parking sales.		
Ceremonial Role	Other	Income
	I Other LI I Role" or "Other" describe below:	income L
E SER LEVERS SERVICE RECEIPTED AND AND ADDRESS IN THE SERVICE ADDRESS INTO ADDRESS ADDRESS INTO ADDRESS INTO ADDRESS I		
C. Name of Cutside Organization (C. Tickette) (C. Tickette	c purpose made pursuant	o the sgency's policy
	n is sannadh a' nn ann fallachadh a' nn na dùtha <u>an 1966. 'S par 1966</u>	and a spin and a number of the field of the spin of th
Verification		
18944.1 and 18942. I have verified that the distribution set for		the requirements.
	upervisor's Assistant	111711le
Print Name	1100	(Month, Day, Year)
Comment:		

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

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A Public Document

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				·	
1. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Reg	ion (If Applicat	nle)			For Onizial Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Superv	isor's Assista	ant			
Area Code/Phone Number	E-mail				ovide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event infor				· · · · · · · · · · · · · · · · · · ·	[[]]]
Does the agency have a ticke		Yes 🕼 No	o ☐ Face Value o	of Each Ticket/Pass \$	08,00
Event Description			Date(s)	,22,16	
2	Provide Title/Exp	olanațion	G	In	
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗹 No		Nama of Sour	Ċė
Was ticket distribution made a	t the behest	No 🗖 Yes	Alaı	meda County Supervis	or Scott Haggerty, D
of agency official?			11 yes	Official's Name (La	st, First)
Recipients	e	a			
Use Section A to identify the agency					
A. Namerof Agency, Department	it on Unit	Number of Tickous/	Describe the pub	ic purpose made pursuant to	the agency's policy
		E Pass(09).			
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
B.		Number of Ticket(s)/ Pass(os)		Identify che of theffollowing	
Chris Pax		L	To promote attenda	nce at a county sponsored al county revenue for conc	event in order 🛛 👖 🗌
Cherris They	10 1		parking sales.		coston una
			Ceremonial Role	Other	Income
thous payte	A	t	и спескилу "Сегетотка	l Role" or "Other" describe below:	
Name of Outside Organiz	ation	Number of			
I (Include address) and desc		Number of Ticket(s)/ Pass(es)	Describe unitation	c, purpose made pursuant to	ule scency's policy.
				4	
Verification A	9				
I Have about and undersided EDDA Recorded				Ih above, is in accordance with th	e requirements.
		ee Ann Ferg		upervisor's Assistant	11/17/16
- ()		Print Name	9	Title	(Mohth, Day, Tear)
Comment:					

4.

Ceremonial Role Events and Ticket/Pass Distributions	8	A Public Documen
1. Agency Name	Date Stamp	California 802
Alameda County		reinn
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 p	rovide explanation in Part 3.)
(510) 272-6691 leeann.fergerson@acgov.org	Date of Original Filing:	
2. Function or Event Information		(Month, Day, Year)
	Each Ticket/Pass \$	275.00
Rodavs	(4, 1)	
Event Description Provide Title/Explanation Date(s)	r_{1} r_{2} r_{2}	//
(se	511)	
Ticket(s)/Pass(es) provided by agency? Yes 2 No I If no:	Nama of Sou	Irce
Alam Was ticket distribution made at the behest No 🗔 Yes 🖉 If yes:		sor Scott Haggerty, D 1
of agency official?	Official's Name (L	est, First)
3. 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 Aumon of Tickole)	: purpose made pursuant i	o the agency's policy
A Passion .		
		······································
B. Name of Including	dentify one of theffollowin	9
To promote attendary	ce at a county sponsored	and the second
	county revenue for con	cession and
parking sales.		
Ceremonial Role	Other 🔲 Role" or "Other" describe below:	Incoma
9		
C. Name of Outside Organization// Ticket(a)/ (include address and description/		
C. Name of Outside Organization Numper of Ticket(e) Describe the public;	purpose made purpuant to	die agency sponey
		a an
Vexification		
18944.1 and 18942. I have verified that the distribution set forth a	above, is in accordance with U	ne requirements.
Lee Ann Fergerson Sur	pervisor's Assistant	11/7/16
Print Name	Title	(Monit, Day, Year)
Comment:		FPPC Form 802 (4/12)

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

Ceremonial Role Even	ts and Tic	cket/Pass	s Distributions	•	A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					ronn
Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Superv	isor's Assista	int			rovide explanation in Part 3.)
Area Code/Phone Number	E-mail				ovoe explanacon in Part 3.j
(510) 272-6691	leeann.ferg	erson@acgo	ov.org	Date of Original Filing: .	(Month, Day, Yeer)
2. Function or Event Inform				5	200
Does the agency have a ticket	policy?	Yes 🖉 No		of Each Ticket/Pass \$	
Event Description	Provide Title/Exp	Jugole	Date(s)		///
Tisket/s)(Dens/ss) manuals dit.				SSW	
Ticket(s)/Pass(es) provided by	agency?	Yes 🙋 No		Name of Sou	irce
Was ticket distribution made a	t the behest	No 🗖 Yes	Alai		sor Scott Haggerty, D 1
of agency official?			-	Officiel's Name (L	ast, Firsi)
3. Recipients					
Use Section A to Identify the agency	's department or	unit. • Use Se			
A. Namerof Agency, Daparime	il onUnit	Tickous)/ Pass(es)	Describe the pub	ic purpose made pursuant	lo the agancy's policy.
The state of the state of the second states of the second s	<u>anna an bhailteach a</u>	SPURCHER ST. A.	n hill a bha a bha ann an an ann an an an an an an an an		
				÷	
				·	
B.		Number of		identify one of theffollowing	
		PA59(09)			
					A
····					
			Ceremonial Role	al Role" or "Other" describe below:	Income
	10		in checking Gerenitation	er nund ur Onner Gascinde Volow.	
C. Name of Cutside Organiz	ation	Number of Tickeus/	Describe the publ	ic purpose made pursuant i	o the scency's policy
(include addrees and desc	12Hon2 minute	Pass(es).			
BIKE EAST B	AY	41			
atta: BIKETOPIA	, 	21		a school or non-profit	
P.O. BOX 1736			its c	contributions to the co	ommunity
Oakland, CA 941	404		and same the		
. Verification			10 - 41 - 41 11 - 12 - 1 ⁰ - 1 - 1	dh - 1	
				Ah above, is in accordance with	the requirements.
		ee Ann Fer		Supervisor's Assistant	(Month, Day, Year)
					• • • • •
Comment: FUNDERIS all ages and abi transportation, for	XER RAY	THE THE	M- Supporting	The vision of	people of
all ages and abi	littes bl	king fo	reveryday F	PPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-7772)
transportation, for	exercis	ic, and	for this whit	he East Bay.	
				· · ·	

Ceremonial Role Events and	Ticket/Pass Distr	ibutions	A Public Document
1. Agency Name		Date Stamp	California 802
Alameda County			roun -
Division, Department, or Region (If Appl	icable)	<u> </u>	For Official Use Only
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Lee Ann Fergerson, Supervisor's Ass	istant		
Area Code/Phone Number E-mail		Amendment (M	fust provide explanation in Part 3.}
(510) 272-6691 leeann.f	ergerson@acgov.org	Date of Original Fil	Ing:(Month, Day, Year)
2. Function or Event Information			10000
Does the agency have a ticket policy?	Yes 🚺 🛛 🗆	Face Value of Each Ticket/Pass	\$ 150,00
Event Description	•	Date(s)	1 1
Provida Title	Explanation		·
Ticket(s)/Pass(es) provided by agency?	Yes 🔟 🛛 🗌	If no: 590	of Source
Was ticket distribution made at the behe	at as the star	Alameda County Sup	ervisor Scott Haggerty, D 1
of agency official?	st No 🗋 Yes 🚺		me (Last, First)
3. Recipients			
Use Section A to Identify the agency's department	nt or unit. • Use Section B to i	ientify an individual. • Use Section C to	identify an outside organization.
A. Name of Agency, Department on Unit	Number of Tickotal	Jescribe the public purpose made pure	uant to the agency's policy
	(Rass(es).		
विष्ट विषय से स्वर्थन के स्वर्थन के सिंह के स्वर्थन से सिंह के प्राण के स्वर्थन के स्वर्थन के सामग्र सिंह के स	SERVICE MILLION	Barriston - Constant State State State	a di kultur sina sina si sa manganga sarasan s
B. Name of Ingly durat	Tckole/ Tckole/ Rase(cs)	Identify one of the fo	lowing:
CLASSING AND AND AND CONTRACTORS AND		romote attendance at a county spon	· · · · · · · · · · · · · · · · · · ·
Mauricio Perez	L4 to m	aximize potential county revenue for	
	• park	ing sales.	
		Ceremonial Role 🛄 Other 🛄 Y checking "Ceremonial Role" or "Other" describe bel	income
		• •	
C. Name of Outside Organization	- Númberof Ticket(e)	escribe the public purpose made pursu	ant to the sciency's noticy
(include)address/andress/finition/	Pasi (ei)		
•		·······	
4			
. Verification			
	ind 18942. I have verified that th	e distribution set forth above, is in accordance	and the
	Lee Ann Fergerson	Supervisor's Assist	
	Print Name	Title	(Nonth, Day, Year)

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A Public Document

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Agency Name				Date Stamp	California 802
Alameda County Division, Department, or Reg	ion // Applicab			-	For Official Use Only
	iron (<i>ii Applicab</i> i	<i>e)</i>			
Board of Supervisors			·····		
Designated Agency Contact					
Lee Ann Fergerson, Superv		int		Amendment (Mus	t provide explanation in Part 3.)
Area Code/Phone Number (510) 272-6691	E-mail leeann.ferge	erson@acod	ov.org	Date of Original Filing	7 :
Function or Event infor					(Month, Day, Year)
Does the agency have a ticke		Yes 🚺 No	Face Value	of Each Ticket/Pass \$	1,000
Event Description	morsk	555122	101	, 6, 17	
Evera Description	Provide Title/Exp		Date(s)		
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗋 No	🔲 lf no:	W	
Was ticket distribution made a	t the hohest		Ala	Mame of S meda County Super	visor Scott Haggerty, D
of agency official?	a ane dealest	No 🗋 Yes	If yes:	Officiel's Name	
Recipients					
• Use Section A to Identify the agency		unit. 🔹 Use Se	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Departme	nt on Unit	Number of Tickous)	Describe the pul	dic purpose made pursua	nt to the agency's policy
		Pass(es).			
	<u>" Marky and Allan</u>				
	<u>. 1994 - 1994 - 1995</u>				
	<u>, 1921, 19</u>				
		Numperioff			
B. Name of Individual		Numberjof. Tickotow Paberobi		'identify one of theffolio	ving.
B. Name of Individual		Aumberiofi Tekotiov Raberoov	To promote attend	ance at a county sponso	wing: red event in order no D
		Mumberiof Teketsi Raseresi	To promote attend to maximize potent		wing: red event in order no [
B. Name of Individual		Mumberiori Tickottei (Aase(09)) V	To promote attend	ance at a county sponso	wing: red event in order no D
B. Name of Individual		Numberior Tenevier Paperesi	To promote attend to maximize potent	ance at a county sponso	wing: red event in order no D
B. Name of Individual			To promote attend to maximize potent parking sales. Ceremonial Role	ance at a county sponso tial county revenue for c	red event in order ne Concession and
B. Name of Individual		Aumberiof Tekotion Paseroon	To promote attend to maximize potent parking sales. Ceremonial Role	ance at a county sponso tial county revenue for c	red event in order ne Concession and
B. Nameoringivique Kristi Mar	leaer	4/1	To promote attend to maximize potent parking sales. Ceremonial Role	ance at a county sponso tial county revenue for c Other	red event in order me Concession and
B. Name of Individual	leaer	4/1	To promote attend to maximize potent parking sales. Ceremonial Role If checking "Ceremon	ance at a county sponso tial county revenue for c Other	red event in order no Concession and Income Concession and
B. Name of Julia Wide Corporation	leaer	Mumberiof. TEXels/ Fase(res)	To promote attend to maximize potent parking sales. Ceremonial Role If checking "Ceremon	ance at a county sponso tial county revenue for c Other	red event in order no Concession and Income Concession and
B. Name of Julia Wide Corporation	leaer	4/1	To promote attend to maximize potent parking sales. Ceremonial Role If checking "Ceremon	ance at a county sponso tial county revenue for c Other	red event in order no Concession and Income Concession and
B. Name of Julia Wide Corporation	leaer	4/1	To promote attend to maximize potent parking sales. Ceremonial Role If checking "Ceremon	ance at a county sponso tial county revenue for c Other	red event in order no [oncession and Income [Income [
B. Name of Julia Wide Corporation	leaer	4/1	To promote attend to maximize potent parking sales. Ceremonial Role If checking "Ceremon	ance at a county sponso tial county revenue for c Other	red event in order no [oncession and Income [Income [
B. Name of Julia Wide Corporation	leaer	4/1	To promote attend to maximize potent parking sales. Ceremonial Role If checking "Ceremon	ance at a county sponso tial county revenue for c Other	red event in order no [oncession and Income [Income [
B. Nome of Individual Kristi Mar S. Nome of Outside Organi Macude address and dead	leaer	Nutro Dencon Ticket (19)	To promote attend to maximize potent parking sales. Ceremonial Role If checking "Ceremon	ance at a county sponso tial county revenue for c Other	red event in order mo concession and no conces
B. Name of Individual Kristi Mar Name of Outside Organi Macude address and dead	Leaen	Number of Tickettell Fass(es). 18942. J have ver see Ann Fere	To promote attend to maximize potent parking sales. Ceremonial Role If checking "Ceremon Describe the pib	ance at a county sponso tial county revenue for c Other Al Role" or "Other" describe below: NC DUPPOSE made pursuent NC DUPPOSE made pursuent Supervisor's Assistant	It the requirements.
B. Nome of Individual Kristi Mar S. Nome of Outside Organi Macude address and dead	Leaen	Number of Tickettey Fass(es)	To promote attend to maximize potent parking sales. Ceremonial Role If checking "Ceremon Describe the pib	ance at a county sponso tial county revenue for c Other Al Role ⁻ or "Other" describe below:	It the requirements.

1. Agency Name	nckeuras	s Distributions		A Public Docum
Alameda County			Date Stamp	California 80
Division, Department, or Region (If Applic	ablai			Form OU
		For Official Use Only		
Board of Supervisors	T I			
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Assi	stant			
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	rgerson@acgo	v.org	Date of Original Filing:	(Monih, Day, Year)
2. Function or Event Information				iwonin, Day, Year)
Does the agency have a ticket policy?	Yes 🕢 No	Face Value	of Each Ticket/Pass \$ _	800 00
Event Description		Detecto	, 4, 2017	
Provide Tille/E	xplanation	Date(s)		//
Ticket(s)/Pass(es) provided by agency?	Yes 🔯 No ["] If no:	EW .	
Mac tioket distributions to be a			Name of Soc	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🕻	If yes:	neda County Supervis	sor Scott Haggerty, D
			Official's Name (L	ast, First)
Recipients Use Section 4 to identify the accentule downline				
Use Section A to identify the agency's department of Agency, Department or Linit	Number of			
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	- F435(65)			
	_			
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	J I
		Ceremonial Role	Other	Income [
		If checking "Caremonial	Role" or "Other" describe below.	
		Ceremonial Role	Olher	Income
		If checking "Ceremonial	Role" or "Olher" describe below.	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
Los Postas College	11.1			
3000 Campus HII Dr	4/	To reward a	cobool and a	
Livermore, CA 94551		its c	a school or non-profi ontributions to the c	t organization for
100 100 1000				ommunity
Verification		ana ana amin'ny solatana amin'ny solatana amin'ny solatana amin'ny solatana amin'ny solatana amin'ny solatana a		
	18942. ; have veriñed	that the distribution set forth	above, is in accordance with the	requirements
	ee Ann Ferger:	_	pervisor's Assistant	activity .
	Print Name			(Mohth, Day Vaarl
CommentEGIVINGHADESC	MY_E	M. Dracor	Funds raised	the stilles
	Human	stanlage	10-1013101300	FPPC Form 802 (4/12)
ne conaction address	Opth Scolo	>1 CATLCAFPP	C Toll-Free Helpline: 866/A	SK-FPPC (866/275-7772)
null recasand he	eg maine	-that LIC	students re	centa
he Foundation address mult reed s and he ruly exceptional ed.	ucation	at exper.	luce.	

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Ceremonial Role Eve	nts and Tie	cket/Pass	s Distributions	•	A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					r chill
Division, Department, or Re	gion (If Applicab	le)			For Official Use Only
Board of Supervisors	4 -				
Designated Agency Contact	t (Name, Title)	· · · · · · · · · · · · · · · · · · ·		1	
Lee Ann Fergerson, Super	rvisor's Assista	int			
Area Code/Phone Number	E-mail	Ŷ		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 Info		9.			1,100
Does the agency have a tick		Yes 🗌 No	Face Value o	of Each Ticket/Pass \$ _	1,100
Event Description	Provide Title/Exp	lanelion	Date(s)	18,17	//
Ticket(s)/Pass(es) provided I	·	•	lf no:		
Horottom Bastcol bronded	oy agency:	Yes 🗌 No		Name of So	urce
Was ticket distribution made	at the behest	No 🗖 Yes	If yes:	and the second se	isor Scott Haggerty, D 1
of agency official?				Ófficle/'s Name (Last, First)
3. Recipients	avia denotinant es		-ti D to blootify on Individu	ral Uno Doction Otto Idea	
Use Section A to Identify the agen A. Name of Agency, Deparing		Number of		ia. • Use Section C to iden	
A. Name of Agency, Departm	ient on Unit	Tickous)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	A 6 4 5 4 5 4 5 16 17 1				
B.	e	Number of Ticket(s)/ Pass(os)		Identify one of theffollow	
	ulandi Cantalas,	[[]]] FA98(09)	同時這個法語但認知時紀之意,也是		
				ا مالیک	ne L.
			Charles and		
				<u></u>	<u></u>
			Ceremonial Role	Other Date below:	Income
			n Greening Ceremon	a Rub of Ciner Coscine Velow.	
C. Name of Outside Organ	nization	Number of Ticket(s)/ Pass(es)	Describe the other		to the energy's policy
(include address) and do	scription)	Pase(es).		iç;purpose made pursuant	
Washington Hospi	tal	20/1	To roward a a	ohaal ar nan profit av	raphization for
Health care Sy	sem	14		chool or non-profit or tributions to the com	
2000 Mowry A	venue				····· · ······························
Fremont CA	94534				
A Varification					· · · · · · · · · · · · · · · · · · ·
				rth above, is in accordance will	11216
M. Olavast is stars of the design of the	the second se	ee Ann Fer	Contraction of the local division of the loc	Supervisor's Assistant	and the second sec
Signature of Agency Head or Designed	1 11	Print Nem		Title	(Month, Day, Year)
Comment: Annaal	-100-H	at F	undraiser		
					FPPC Form 802 (4/12)

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

ž			Neur 433			A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County		and the second s			
	Division, Department, or Reg	ion (II Applicabl	(e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name Tille	·····			
	Lee Ann Fergerson, Superv		nt		Amendment (Musi pro	vide exclanation in Part 3.1
	Area Code/Phone Number	E-mail				
	(510) 272-6691		erson@acgov.	org	Date of Original Filing: _	(Manih, Day, Year)
2.	Function or Event inform	mation	-		· · · · · · · · · · · · · · · · · · ·	1 190
	Does the agency have a ticke	t policy?	Yes 🚺 🛛 No 🗌] Face Value o	f Each Ticket/Pass \$	4100
	Event Description	TIORS		Date(s) 1	2, 17, 10	1
		Provida Tilla/Exp	lanațion			
	Tickel(s)/Pass(es) provided by	v adency?	Yes 🔟 🛛 No 🗆	1 lf no: 🥑	SW_	
	_		168 🗖 140 L	4	Name of Sources	rce
	Was ticket distribution made a	it the behest	No 🗖 Yes 🕻	lf yes:		sor Scott Haggerty, D 1
	of agency official?				Officiel's Nama (Le	est, Firel)
3.	Recipients					
	• Use Section A to Identify the agency					
	A. Name of Agency, Dapating	nionUnit	Number of A	1. Describellus pub	lepupese made pusuant:	o the second s polloy
		milite sides				
	-					•
	•					
				<u> </u>		
	B. Name of and vide				Identity creat the followin	
	Aro D	-1		To promote	attendance at a cou	nty sponsored
	Algon Br	roops	4		rder to maximize pote	
	RIF			revenue f	for concession and pa	arking sales
				Ceremonial Role	Other	Incoma
				+	al Role" or "Other" describe below:	investo L
		•	1			
	Name of Cutskie Organ	zationality	Nunverat			
	C. Name of Cursice Organ		Nimberios Tieketiev Fasticus		lepurposomidapurauanti	ound analice a policy
				•	•	
	(S. 10)					
		,	++-		•	
	Verification					· · · · · · · · · · · · · · · · · · ·
h	VONICATION	§ 18944 1 pm	118942 have veri	ied that the distribution set fr	arih abova, is in accordance with	the reputaments
						11/2/110
	 Signature of Agency/Hoad of Designee 		Lee Ann Ferg	BISON	Supervisor's Assistant	Alacth Care Vant
	antinarma m ndarenanga ar na ziĝijag		ennt wente		1400	(Month, Day, Year)
	Comment					-
		·····				FPPC Form 802 (4/12)

FPPC Form 602 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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A Public Document

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						A Fublic Document
1. Agency Na	me				Date Stamp	California 802
Alameda Co						5 55 22 Million
Division, Dep	artment, or Regi		For Official Use Only			
Board of Sup	pervisors					
•	gency Contact (Name, Tille)	······································			
Lee Ann Fer	gerson, Supervi	isor's Assista	ant			
Area Code/Ph	one Number	E-mail	·····			rovide explanation in Part 3.)
(510) 272-66	91	leeann.ferg	erson@acgov.	org	Date of Original Filing: .	(Month, Day, Year)
2. Function o	r Event Inform	nation				
	ncy have a tickel		Yes 🔲 No 🗖] Face Value	of Each Ticket/Pass \$	125,00
Event Densin	tion Warr	LONS		Date(s)	1, 3, 16	
Event Descrip		Provida Title/Exp	lanation	Date(s)		
Ticket(s)/Pass	(es) provided by	agency?	Yes 🖾 No 🗖	I If no:	5W	
					Name of Sou Meda County Supervi	sor Scott Haggerty, D 1
Was ticket dist of agency off	tribution made at icial?	t the behest	No 🗋 Yes 🗔	If yes:	Official's Name (L	
3. Recipients	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
 Use Section A to 	o identify the agency	's department or		provide the second s	lual. • Use Section C to Ident	
A. Name of	Agency, Departmen	iron.Unit	Number of S Tickous/ Pass(es)	Describe the pu	olicipurpose madeipursuant:	to the sgency's policy
Social	l Sentic	es	4/1		a county employee for mplary service to the p	
				C/C	inplary service to the p	Jubile
B.	Name of Individual		Ticket(s)/		Identify one of the following	9
·····				Ceremonial Role	Other	
					hal Role" or "Other" describe below:	
	· · · · · · · · · · · · · · · · · ·					
C. Name	of Outside Organiz address and desc	ation	Nümber of Ticket(e)/ Poss(es)	Describe the put	lle purpose made pursuant (o the agency's policy
	address/and obsc					和新和主义。全国和 主任中国
	•					
à.						·
. Verification						· · · · · · · · · · · · · · · · · · ·
		14.1 and	18942. I have verifie	d that the distribution set f	orth above, is in accordance with	the requirements.
			_ee Ann Ferge	rson	Supervisor's Assistant	11/3/16
Signature of Age	ancy Head of Designee		Print Name		Title	(Month, Day, Year)
Comment:						



Ceremonial Role Eve	nts and T	cket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County				0	i chim
Division, Department, or Re	gion (If Applica	ble)			For Official Use Only
Board of Supervisors					
Designated Agency Contac	t (Name, Title)			-	
Lee Ann Fergerson, Supe	rvisor's Assist	ant			
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	jerson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info	rmation				
Does the agency have a tick	et policy?	Yes 🎦 No	Face Value o	of Each Ticket/Pass \$ _	1,350
Event Description	uniors	Gaine	Date(s)	8,17	
	Provide Title/Ex	planation		SW	
Ticket(s)/Pass(es) provided	by agency?	Yes 🖸 🛛 No 🛛		Nama of So	1///20
Was ticket distribution made	at the hohest		Alar	meda County Superv	isor Scott Haggerty, D 1
of agency official?	at the Netlest	No 🗋 Yes	If yes:	Official's Name (I	
3. Recipients					
Use Section A to Identify the agen	cy's department o	r unit. • Use Sec			
A. Name of Agency, Departin	entron Unit	Number of Tickous/	Describe the pub	lic purpose made pursuant	to the agency's policy
-					
				· · · · ·	
		Number of			的目标中学会、各个规则的原则中学生
B. Name of Individu		Ticket(s)/ Pase(os)		Identify one of the follow	19
				ance at a county sponsore	
				ial county revenue for co	ncession and
			parking sales.		
			Ceremonial Role	Other	Income
				al Role" or "Other" describe below:	
					·····
C. Name of Outside Orga		Number of Ticket(a)/	Describe the publ	ic purpose made pursuant.	to the agency's policy
		Poss(es),			當時這些是是這些問題。 考
American Wido	w projed	44/1	To roward a a	chool or non-profit or	capization for
	·			tributions to the com	
615 Cardinal Ln					5
Austin TX			· · · · · · · ·		······
4. Verification	1 AA	d 18942 i have veri	fied that the distribution set for	rlh above, is in accordance with	the requirements.
- 54	4 004			Supervisor's Assistant	11-2-11
-		Lee Ann Ferg Print Name		Title	(Month, Day, Year)
			Machingan		
Comment: Honoring	ourna	110/15 fa	iven heroes a	us the herol	<u>C WICOWS</u> FPPC Form 802 (4/12)
they led	we bel	rend. B	lack Tie F	PPC Toil-Free Helpline: 80	FPPC Form 802 (4/12) 56/ASK-FPPC (866/275-7772)
Gala x	Funda	MISE			
	- I www	un			

4.

Ceremonial Role Eve	nts and T	"icket/Pas	s Distributions	5	A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Re	gion (If Applice	ible)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Super	vicada Acaia	hant			
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6691		gerson@acg	011 070	Date of Original Filing:	
2. Function or Event Infor		yerson@acg	0v.0ig		(Month, Day, Year)
		470.00		e of Each Ticket/Pass \$ _	50,50
Does the agency have a ticke	et policy?	Yes 🗋 No			
Event Description	On the Title Co	-1	Date(s) 🗋	0,0,0	
	Provide Tille/Ex	pianaļion			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No		Nama of So	UICA
Was ticket distribution made a	t the hehest	No 🗖 Vee	Al X	ameda County Superv	isor Scott Haggerty, D 1
of agency official?		No 🖾 Yes	If yes:	Officiel's Name (I	est, First)
3. Recipients		~		3	
. Use Section A to identify the agency	y's department o	r unit. 🔹 Use Se	ction B to identify an Indivi	dual. • Use Section C to Ident	lfy an outside organization.
A. Name of Agency, Departme	ntonUnit			ibiic:puipose made puisuant	
		Mumber of Tickous) Pass(es)			with a function of the second s
·					
B. Nameofindividue		Number of Tickeys) Passios)		Identify one of the following	9
Sherla Gand		1	To promote attend	dance at a county sponsore	deventin order ne 🔲
Sherra Sano	her	4		itial county revenue for con	cession and
			parking sales.		
					press.
			Ceremonial Role	Other Other naise below:	Income
C. Name of Outside Organiz	allon	Number of			
I (Include address) and desci	iption)	Numberof Ticket(s)/ Pass(es)		Nc purpose made pursuant ic	inn agencys policy
				•	
•					
Verification					
·	: 18944.1 and	18942. I have veril	- fied that the distribution set fo	orth above, is in accordance with t	he requirements.
1	I	ee Ann Ferg	erson	Supervisor's Assistant	11/17/10
מאוואונטר וא אישטורארואטער איט אוואונים		Print Name		Title	(Month, Day Year)
$\overline{\mathcal{O}}$					' (
Comment:					

4.

Ceremonial Role Even	ts and T	icket/Pas	as Distributions		A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					TOTAL
Division, Department, or Regi	on (If Applica	ble)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (/	Vame, Title)	<u></u>			
Lee Ann Fergerson, Supervis	sor's Assist	ant			
Area Code/Phone Number	E-mail			_ L Amendment (Must p	provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	jerson@acg	jov.org	Date of Original Filing:	(Manth, Day, Year)
2. Function or Event Inform	nation			ومرجع ومسترجع فالمتناف والمتحد والمتناف والمتناف والمتناف والمتناف والمتناف والمتناف والمتناف	En ch
Does the agency have a ticket	policy?	Yes 🚺 N	o 🔲 🛛 Face Value c	of Each Ticket/Pass \$	20:30
Event Description <u>215 M</u>		Ice	Date(s)	9,30,16	
	Provide Tille/Exj	olanation		en	
Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No		Name of Sou	
Was ticket distribution made at	the hebest	N	Alar	neda County Supervi	isor Scott Haggerty, D 1
of agency official?	the periodi	No 🗋 Yes	s L If yes:	Official's Name (L	
3. Recipients	<u>a</u>		a	u	
 Use Section A to identify the agency's 	department or				
A. Name of Agency, Department	onUnit	Number of Tickolal Past(es)	Describe the pub	Cpurpose made pursuant l	lo the agency's policy
4.16月2月1月1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日		Pass(es)			
*					
	· · · · · · · · · · · · · · · · · · ·				
R Name of Individual		Numberof			
		Number of TEROION Paper OD		identify one of the followin	9
Ricardo Drosco		r/		nce at a county sponsored	
Kicango		14	to maximize potentia parking sales.	al county revenue for cond	cession and
. 0101-		1	1		5
	· · · · · · · · · · · · · · · · · · ·		Ceremonial Role	Other	Income
			il checking "Ceremonial	Role" or "Other" describe below:	
	entris talim	Number of			
C. Name of Outside Organizati	on llon)	Number of Tickel(o) Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
	and an and a second		ne agone dunna engelier er er		Brieff for a late that have a first
				7	
Verification					
	Jand 1	8942. I have veri	ified that the distribution set forth	above, is in accordance with th	e requirements.
	Le	ee Ann Ferg	jerson Su	pervisor's Assistant	117/16
		Pánt Name		<i>Tille</i>	(Month, Day, Ydar)
Comment:					
			and the second		00-d

A Public Document

_						
1.	Agency Name				Date Stamp	California 802
	Alameda County				Form 002	
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Amy Shrago					
	Arrea Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago(Macaoy ora		Date of Original Filing: _	
			wacgov.org	-		(Month, Day, Year)
Ζ.	Function or Event Infor					149.50
	Does the agency have a ticke		Yes 🗋 No		of Each Ticket/Pass \$	
	Event Description Golden St	ate Music Fes		Date(s)0	0 _ 14 _ 16	//
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of Sou	
	ANTER CONTRACTOR AND ANTER AND A		_	- Carso		<i>uce</i>
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Carso	Official's Name (L	ast. First)
-						
3.	• Use Section A to identify the agence	y's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	BOS District 5		2	To reward a County employee for his or her exemplary service the public or to encourage staff development		
	BOS District 5		2		y employee for his or h ourage staff developm	her exemplary service to bent
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)	no di Thianga ang ang ang ang ang ang ang ang ang	Identify one of the followi	ng:
			,	Ceremonial Role If checking "Ceremor	Other Dial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremon	Other Other and Active Below:	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	blic 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.

	Amy Shrago	Supervisor's Assistant	11/03/16
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: __

eremonial Role Events and 1	icket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
Alameda County				ronn
Division, Department, or Region (If Applic	able)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Amy Shrago				1
Area Code/Phone Number E-mail		<u>.</u>	1	rovide explanation in Part 3.)
(510) 272-6695 amy.shra	go@acgov.org		Date of Original Filing: .	(Month, Day, Year)
Function or Event Information	·			
Does the agency have a ticket policy?	Yes 🔲 No	Face Value o	of Each Ticket/Pass \$	110.20
Event Description R. Kelly	Explanation	Date(s))	//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of So.	urce
Was ticket distribution made at the behe of agency official?	st No 🗋 Yes	If yes: Carso	on, Keith Official's Name (I	Last, First)
Recipients • Use Section A to identify the agency's department	torunit. •Use Sea	ction B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
BOS District 5	4		y employee for his or h ourage staff developm	ner exemplary service to nent
	Number of			

В.	Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:			
			Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:			
			Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:			
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			

4. Verification

1.

2.

3.

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.

<u></u>	Amy Shrago	Supervisor's Assistant	11/03/16
Signature or Agency meaa or Designee	Print Name	Title	(Month, Day, Year)
Comment:		<u>, 11</u>	

Comment: ____

A Public Document

Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 Board of E-mail (510) 272-6695 Board of Event Information Does the agency have a ticket policy? Yes □ No ⊠ Face Value of Each Tick Event Description Amy Schumer Provide Title/Explanation Date(s)10 /_20 Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ Was ticket distribution made at the behest No □ Yes ⊆ was ticket distribution made at the behest No □ Yes ⊆ Carson, Keith of agency official? If yes: Carson, Keith Carson, Keith of agency, Department or Unit Number of De	rriors Name of Source
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 Board of E-mail (510) 272-6695 Board of Event Information Does the agency have a ticket policy? Yes No X Face Value of Each Tick Event Description Amy Schumer Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golden State Wa Was ticket distribution made at the behest No Yes X • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual. • Use Section A to identify the agency is department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual. • Use free Individual Number of Ticket(s)/ Pass(es) Describe the public purpose n	For Official Use Only Iment (Must provide explanation in Part 3.) iginal Filing: (Month, Day, Year) et/Pass \$ 126.00 16 / rriors Name of Source Official's Name (Last, First) ction C to identify an outside organization.
Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 amy.shrago@acgov.org Does the agency have a ticket policy? Yes No X Event Description Amy Schumer Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes If no: Golden State Wa Vas ticket distribution made at the behest No Yes Vas ticket distribution made at the behest No Yes If yes: Carson, Keith of agency official? Vas Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency is department or unit. • Use Section B to identify an individual. (Lawt, Free) Pass(es) Identify one	Iment (Must provide explanation in Part 3.) Iginal Filing:(Month, Day, Year) et/Pass \$126.00 fficial \$ 16
Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 Image: Amy Shrago@acgov.org Cate of Or Provide Title/Explanation Does the agency have a ticket policy? Yes Ino Image: No Image	iginal Filing:(Month, Day, Year) et/Pass \$126.00
Amy Shrago Image: American control of the public purpose in the	iginal Filing:(Month, Day, Year) et/Pass \$126.00
Area Code/Phone Number (510) 272-6695 E-mail amy.shrago@acgov.org Date of Or 2. Function or Event Information Does the agency have a ticket policy? Yes D No X Face Value of Each Tick Event Description Amend Date of Or Does the agency have a ticket policy? Yes D No X Face Value of Each Tick Event Description Amy Schumer Provide Title/Explanation Date(s) 10 20 Ticket(s)/Pass(es) provided by agency? Yes D No X If no: Golden State Wa Was ticket distribution made at the behest of agency official? No D Yes X If yes: Carson, Keith • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual.<	iginal Filing:(Month, Day, Year) et/Pass \$126.00
Area Code/Phone Number (510) 272-6695 E-mail amy.shrago@acgov.org Date of Or 2. Function or Event Information Does the agency have a ticket policy? Yes D No X Face Value of Each Tick Event Description Amend Date of Or Does the agency have a ticket policy? Yes D No X Face Value of Each Tick Event Description Amy Schumer Provide Title/Explanation Date(s) 10 20 Ticket(s)/Pass(es) provided by agency? Yes D No X If no: Golden State Wa Was ticket distribution made at the behest of agency official? No D Yes X If yes: Carson, Keith • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual.<	iginal Filing:(Month, Day, Year) et/Pass \$126.00
2. Function or Event Information Does the agency have a ticket policy? Yes □ No ⊠ Face Value of Each Tick Event Description Amy Schumer Date(s) 10 / 20 Provide Title/Explanation Date(s) 10 / 20 Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Wa Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Carson, Keith e Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose n B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one	(Month, Day, Year) et/Pass \$126.00
Does the agency have a ticket policy? Yes I No X Face Value of Each Tick Event Description Amy Schumer Date(s) 10 20 Provide Title/Explanation Date(s) 10 20 Ticket(s)/Pass(es) provided by agency? Yes I No X If no: Golden State Wa Was ticket distribution made at the behest of agency official? No I Yes X If yes: Carson, Keith • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual.	et/Pass \$126.00
Event Description Amy Schumer Date(s) 10 20 Provide Title/Explanation Date(s) 10 20 Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Wa Was ticket distribution made at the behest of agency official? No Yes If yes: Carson, Keith • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. B. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose m B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one	rriors Name of Source Official's Name (Last, First) ction C to identify an outside organization.
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Wa Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Carson, Keith of agency official? B. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose mass(es) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one	rriors Name of Source Official's Name (Last, First) ction C to identify an outside organization.
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden State Wa Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Carson, Keith of agency official? B. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose mass(es) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one	rriors Name of Source Official's Name (Last, First) ction C to identify an outside organization.
Was ticket distribution made at the behest of agency official? No Yes X If yes: Carson, Keith gency official? If yes: Carson, Keith of agency official? • Use Section B to identify an individual. • Use Section B to identify an individual. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual is a section B	Name of Source Official's Name (Last, First) ction C to identify an outside organization.
Was ticket distribution made at the behest of agency official? No Yes X If yes: Carson, Keith gency for agency official? If yes: Carson, Keith of agency official? If yes: Carson, Keith gency for agency for agency official? If yes: Carson, Keith of agency official? If yes: Carson, Keith gency for agency for agency for agency for agency of agency of agency for agency for agency for a gency for a ge	Official's Name (Last, First) ction C to identify an outside organization.
of agency official? If yes. B. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose means (class, First) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one final (class, First)	ction C to identify an outside organization.
B. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an indi	ction C to identify an outside organization.
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section B to identify an individual Describe the public purpose in Pass(es) B. Name of Individual (Last, First) Identify one Pass(es)	
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose model B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one	
B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one	ade pursuant to the agency's policy
B. Name of Individual (Last, First) Rumber of Ticket(s)/ Pass(es) Identify one	
B. Name of individual Ticket(s)/ Identify one Identify one Pass(es)	
Ceremonial Role 🗌 Other	e of the following:
If checking "Ceremonial Role" or "Other	describe below:
Ceremonial Role Other	
If checking "Ceremonial Role" or."Other	" describe below:
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose m	ade pursuant to the agency's policy
Peter Pan Cooperative Nursery School To reward a school or nonprof 4618 Allendale Ave. Oakland CA 94619 4	it organization for its contributions
I have Regulations 18944 1 and 18942. Lhave verified that the distribution set forth above, is in	
Amy Shrago Supervisor	

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago					Form 002
						For Official Use Only
					Amondmont (44.44	
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)	
_	(510) 272-6695 amy.shrago@acgov.org			Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation				127.05
	Does the agency have a ticke	t policy?	Yes 🔲 No		of Each Ticket/Pass \$	137.25
	Event Description Bad Boy F	amily Reunio		Date(s)9)	//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Goldel	n State Warriors Name of So	urce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?			<u>ы</u> пусэ	Official's Name (i	Last, First)
3.	Recipients					
	Use Section A to identify the agency	/'s department o		ction B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		to the agency's policy
	BOS District 5		4	To reward a County employee for his or her exemplary servic the public or to encourage staff development		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	DG:
	(Last, First)		Pass(es)			
				Ceremonial Role	Other	Income
				Ceremonial Role	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 pub	lic purpose made pursuant	to the agency's policy
4.	Verification	lations 18944 1 ar	10 18942 / have ve	artified that the distribution set 6	orth above, is in accordance wi	h the requirements
	094		Amy Shr			
	Signature of Agency Head or Designee		Print Nam		Supervisor's Assistant	(Month, Day, Year)
	Comment:					

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Region (If Applicable)				1	For Official Use Only
	Board of Supervisors	Board of Supervisors				
	Designated Agency Contact (Name, Title)					
	Amy Shrago					
	Area Code/Phone Number	E-mail	Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	et policy?	Yes 🔲 No	Face Value o	of Each Ticket/Pass \$ _	149.50
	Event Description Sia			Date(s) 10	0 _ 01 _ 16	1 1
		Provide Title/Exp	lanation			/
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:Golder			n State Warriors		
					Name of So	urce
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Carso	Official's Name (i	Last. First)
-					·	
J.	RecipientsUse Section A to identify the agend	cy's department or	∙unit. •Use Sec	ction B to identify an individe	ual. • Use Section C to iden	tifv an outside organization.
	A Number of			1	olic purpose made pursuant	
	A. Name of Agency, Department of Unit Ticket(s)/ Pass(es)					
					ner exemplary service to	
				the public or to enc	ourage staff developm	ient
	D. No. 11		Number of			
	B. Name of Individu	lai	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	Income
				If checking "Ceremor	ial Role" or "Other" describe below:	
				Ceremonial Role	Other 🗌	
					ial Role" or "Other" describe below:	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
		scription	Pass(es)			
_						
4.	Verification	lations 19011 1	\$ 10012 1 have	without the distribution and		
	1 (1 dv & (iauons 10944.1 an			forth above, is in accordance wi	
			Amy Shr	ago	Supervisor's Assistan	t11/03/16

Print Name

Title

(Month, Day, Year)

Comment: _

С	eremonial Role Events and	d Ticket/Pass	s Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form
	Division, Department, or Region (If Ap	oplicable)		-	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Til	tle)		-	
	Amy Shrago				
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6695 amy.s	hrago@acgov.org	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	1			(month) Day, roary
	Does the agency have a ticket policy	? Yes 🗖 No	Face Value	of Each Ticket/Pass \$ _	50.50
	Event Description Disney on Ice			0 , 26 , 16	/ /
	Provide	Title/Explanation			
	Ticket(s)/Pass(es) provided by agence	;y? Yes 🗆 No	If no: Golde	n State Warriors	
	Mos tisket distribution made at the he		- Cars	Name of So	burce
	Was ticket distribution made at the be of agency official?	ehest No 🗌 Yes	s 🛛 If yes: <u>Cars</u>	Official's Name ((Last, First)
2	Recipients				
5.	Use Section A to identify the agency's depart	tment or unit. • Use Se	ection B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Department or Uni	it Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		t to the agency's policy
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	
		Pass(es)	Ceremonial Role	Other 🛛	
	VanHook, Lawrence			nial Role" or "Other" describe below:	Income
		4	To reward a comm public.	unity volunteer for his	or her service to the
			Ceremonial Role If checking "Ceremo	Other describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	t to the agency's policy
_					

4. Verification

I have read to the distribution set forth above, is in accordance with the requirements.

	Amy Shrago	Supervisor's Assistant	11/03/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

Ceremonial Role Ever	ts and Ticket/Pass Distributions		A Public Documen		
1. Agency Name		Date Stamp	California 802		
Alameda County			Form 002		
Division, Department, or Reg	ion (If Applicable)		For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Amy Shrago					
Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)			
(510) 272-6695 amy.shrago@acgov.org		Date of Original Filing:(Month, Day, Year)			
2. Function or Event Information					

Does the agency have a ticket policy?	Yes 🗌 No 🛛	Face Value of Each Ticket/Pass \$	55.50
– J Disney on Ice		10 30 16	
Provide Title/E		Date(s)	//
cket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Golden State Warriors	
		Name of Source	
Was ticket distribution made at the behest	No 🗌 Yes 🛛	If yes: <u>Carson, Keith</u>	

3. Recipients

of agency official?

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

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
BOS District 5		4	To reward a County employee for his or her exemplary service to the public or to encourage staff development.
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role Other Income Income Income Income Income
			Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have seed and a stribution set forth above, is in accordance with the requirements.

	Amy Shrago	Supervisor's Assistant	11/03/16
olymanic or Ayencymeau or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

Official's Name (Last, First)

C	eremonial Role Even	is and he	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California QOO
	Alameda County					Form 002
	Division, Department, or Region (If Applicable)				4	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		<u> </u>	-	
	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				
	Does the agency have a ticket policy? Yes ☐ No ⊠ Face Value			of Each Ticket/Pass \$	55.50	
	Event Description Disney on Ice Provide Title/Explanation			Date(s)10) <u>28 16</u>	//
	Ticket(s)/Pass(es) provided by agency? Yes □ N			If no: Golde	n State Warriors	1/20
	Was ticket distribution made at the behest No 🔲 Yes [If yes: Carso		
	of agency official?			In Yes:	Official's Name (L	ast, First)
3.	Recipients • Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	BOS District 5		4		y employee for his or h ourage staff developm	er exemplary service to ent.
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
					Dther Dther describe below:	Income

4. Verification

C.

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

Ceremonial Role

Signature of Agency Head or Designee

Name of Outside Organization

(include address and description)

Amy Shrago Print Name

Number of

Ticket(s)/ Pass(es)

Supervisor's Assistant

Other

Describe the public purpose made pursuant to the agency's policy

If checking "Ceremonial Role" or "Other" describe below:

11/03/16 (Month, Day, Year)

Income 🔲

Comment: _
A Public Document

						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County	_				THE PRODUCTS IN THE PROPERTY OF
	Division, Department, or Region (If Applicable)				1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		· · · · ·		(inclus, supported)
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$ _	55.50
	Event Description Disney on	lce), 29, 16	///
	Event Description	Provide Title/Expl	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	Ist If no: Golder	n State Warriors	
					Name of So	urce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Carso	on, Keith Official's Name (i	1 and [] []
		_			Omciai s Name (i	Last, First)
3.	Recipients					
	Use Section A to identify the agence		Number of			
	A. Name of Agençy, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy	
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other 🔀	Income
	Loving, Darlene		8	-	ial Role" or "Other" describe below:	
				held at a County fa	ance at a County spon cility in order to maxim	nize potential County rev
				Ceremonial Role		
					ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
4.	Verification		<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · ·	
		lations 18944.1 and	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.
			Amy Shra	ago	Supervisor's Assistant	11/03/16

 Arry Shrago
 Supervisor's Assistant
 11/03/16

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A	PUDI	C DOG	cume

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ocientonial Role Events and	a merceri ass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County	Alameda County				
Division, Department, or Region (If Ap	oplicable)		1	For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Tit	tle)		- -		
Amy Shrago					
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
(510) 272-6695 amy.s	hrago@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2. Function or Event Information	1			(Month, Day, Tody)	
Does the agency have a ticket policy?		Face Value o	of Each Ticket/Pass \$	250.00	
Event Description Warriors vs. Clipp		—) _ 04 _ 16		
Event Description Provide	Title/Explanation	Date(s)			
Ticket(s)/Pass(es) provided by agenc	y? Yes□ No	If no: Golde	n State Warriors		
			Name of Sou	urce	
Was ticket distribution made at the be	ehest No 🗌 Yes	If yes: Carso	on, Keith		
of agency official?			Official's Name (L	.ast, First)	
-	 Becipients Use Section A to identify the agency's department or unit. Use Section B to identify an individ 				
A. Name of Agency, Department or Uni	it Number of Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ng:	
(Last, First)	Pass(es)				
Carson, Keith			Definition of "Other" describe below:		
	4	To obtain oversigh County funding or	t of facilities or events support	that have received	
		Ceremonial Role If checking "Ceremor	Other D	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	

4. Verification

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

 Amy Shrago	Supervisor's Assistant	11/03/16
 Print Name	Title	(Month, Day, Year)

Comment: _____

A Public	Document
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-						A Public Document
1.	Agency Name Alameda County Division, Department, or Region (If Applicable)				Date Stamp	California 802
						Form OUZ For Official Use Only
					-	Tor Onicial Ose Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago(@acoov.org		Date of Original Filing: .	(Month, Day, Year)
2	Function or Event Infor		0 101 10			(Month, Day, Year)
<u> </u>	Does the agency have a ticke			Face Value o	of Each Ticket/Pass \$	250.00
			Yes 🔲 No			
	Event Description Warriors v	Provide Title/Expl	anation	Date(s)) 21 16	//
				Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No		n State Warriors Name of Sou	urce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Carso		
	of agency official?			⊠ If yes:	Official's Name (L	.ast, First)
	Use Section A to identify the agency's department or		Number of Ticket(s)/ Pass(es)		olic purpose made pursuant	and sold of the last
	B. Name of Individua (Last First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other 🔀	Income
	Williams, Sharifa		4		ial Role" or "Other" describe below:	
						expanded opportunities uch as the disabled, und
				Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below;	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	blic 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.

Amy Shrago 11/03/16 Supervisor's Assistant Print Name Title (Month, Day, Year)

A Public Document

						A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	jion (If Applicable	э)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693		@acgov.org		Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Infor	mation		· · · · · · · · · · · · · · · · · · ·		
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$.	\$1200 ticket/\$30 park
	Event Description Basketball Game Date(s) 12				2 , 01 , 16	//
	Event Description	Provide Title/Exp		//		
	Ticket(s)/Pass(es) provided t	by agency?	n State Warriors			
					Name of S	Source
	Was ticket distribution made at the behest No 🗌 Yes 🖾 If yes: Char of agency official?			, VVIIMA Official's Name	(Last First)	
					Omolars Name	(2001, 1 110)
3.	Recipients	cu's department or	unit a Lico Soc	tion B to identify an individ	ual a lise Section C to ide	ntify an outside organization
	Use Section A to identify the agency's department or unit. Use Section B to identify an indivi					
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(cs)		Describe the put	lic purpose made pursua	nt to the agency's policy	
	D Name of Individ		Number of			
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:	
					Other	income
	Irmer, David		2+p	_	ial Role" or "Other" describe below	
					potential County reve	held at a County facility in enue
				Ceremonial Role		income
			2+p			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the put	blic purpose made pursua	nt to the agency's policy
			Pass(es)			

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

	Sarah Oddie	Supervisor's Assistant	11.21.2016
7	 Print Name	Title	(Month, Day, Year)

A Public Document

_						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				1 BARDARD	
	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation			•	
	Does the agency have a ticket	t policy?		\$1200 ticket/\$30 park		
	Event Description Basketball Game Date(s) 12				, 01 , 16	1 1
		Provide Title/Exp				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golder				n State Warriors	
				Name of Sou	rce	
	Was ticket distribution made a of agency official?	it the behest	No 🔲 Yes	If yes: Chan	, VVIIITIA Official's Name (La	ast First)
_						
3.	Recipients	/'s department or	unit ellee Sec	tion B to identify an individu	allee Section C to identi	fy an outside organization
	Use Section A to identify the agency's department or unit. Use Section B to identify an individu Number of					
	A. Name of Agency, Departme	Ticket(s)/ Describe the pl Pass(es)		Nic purpose made pursuant f	to the agency's policy	
			Number of			
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the following	ng:
	0				Other	Income
	Ong, Jennifer		2		ial Role" or "Other" describe below:	d at a County facility in
	8				potential County revent	eld at a County facility in ue
	······			Ceremonial Role	Other	Income
			2		ial Role" or "Other" describe below:	
			2			
	C. Name of Outside Organ	ization	Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	· · · · · · · · · · · · · · · · · · ·				· · · · · · · ·	
			1		<u>.</u>	<u>.</u> .
			1			
1	Verification					
т.	l have	18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance with	h the requirements.

 Sarah Oddie
 Supervisor's Assistant
 11.21.2016

 Print Name
 Title
 (Month, Day, Year)

A Public Document

1. Agency Name			Date Stamp	California 802			
Alameda County				Form OUZ			
•	Division, Department, or Region (If Applicable)						
Board of Supervisors							
Designated Agency Contact (Name, T	itle)						
Sarah Oddie							
Area Code/Phone Number E-mai							
	.oddie@acgov.org		Date of Original Filing: .	(Month, Day, Year)			
2. Function or Event Information	n						
Does the agency have a ticket policy	? Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$800			
– . Basketball Game	2 , 03 , 16	, ,					
Event Description Basketball Game Provide	Title/Explanation	Date(s)		/			
Ticket(s)/Pass(es) provided by agen		If no: Golde	n State Warriors				
				Irce			
Was ticket distribution made at the b	ehest No 🗌 Yes	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's depart	ual. • Use Section C to ident	ify an outside organization.					
A. Name of Agency, Department or Ur	hit Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:			
(Last, First)	Pass(es)						
Waters, Don		Ceremonial Role	hial Role" or "Other" describe below:	Income			
	2			eld at a County facility in			
			potential County reven				
····		Ceremonial Role	Other	Income			
	2	If checking "Ceremor	nial Role" or "Other" describe below:				
	Number of						
C. Name of Outside Organization (include address and description	Ticket/a)/	Describe the pul	blic purpose made pursuant	to the agency's policy			
4. Verification		I		. <u></u>			
	8944.1 and 18942. I have ve	erified that the distribution set	forth above, is in accordance wi	th the requirements.			
	Sarah O	ddie	Supervisor's Assistant	t 11.21.2016			

A Public Document

1.	Agency Name				Date Stamp	California 802	
	Alameda County	Alameda County				Form OUZ	
	Division, Department, or Region (If Applicable)				For Official Use 0		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			1		
	Sarah Oddie				Amondmont (Must	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail				· · · ·	
	(510) 272-6693		@acgov.org		Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor					\$800	
	Does the agency have a ticke	Yes 🔀 No		of Each Ticket/Pass \$ _	φουο		
	Event Description Basketball	Game		Date(s)12	2 <u>, 05 , 16</u>	///	
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔀 If no: <u>G</u>				n State Warriors Name of S	ource	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: of agency official?				n, Wilma Official's Name	(Last First)	
_					Official s Malife	(Last, 1 #st)	
3.	Recipients	v's denartment or	ual Alise Section C to ide	ntify an outside organization			
		Number of		dual. • Use Section C to identify an outside organization.			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
					÷		
	B. Name of Individual (Last, First)		Number of				
			Ticket(s)/ Pass(es)	-	Identify one of the follow	wing:	
				Ceremonial Role	Other	Income	
	Woldesenbet, Makda		2	-	nial Role" or "Other" describe below		
					anceevent held at a l County revenuepa	rking & concession sales	
		· · · · · ·		Ceremonial Role			
			2		nial Role" or "Other" describe below		
			2				
			Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)			nt to the agency's policy	
						· · · · · · · · · · · · · · · · · · ·	
	<u> </u>						
4	Verification						
	/	זs 18944.1 an	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance v	with the requirements.	
			Sarah O	ddie	Supervisor's Assista	nt 11.21.2016	
~	Signature of Agency Head or Designed	e	Print Nan	ne	Title	(Month, Day, Year)	
	0						
	Comment:					FPPC Form 802 (4/12	
					EDDC Tell Error University	. 0001A 01/ EDDC (0001075 7770	

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A Public Document

-							
1.	Agency Name Alameda County Division, Department, or Region (If Applicable)				Date Stamp	California 802	
					1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Na	me,Title)			-		
	Sarah Oddie						
		-mail		·	_ C Amendment (Must)	provide explanation in Part 3.)	
		arah.oddied	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information	ation				(wonth, Day, roar)	
	Does the agency have a ticket p		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$800	
	Event Description Basketball Game Date(s)			2 03 10	///		
	Golder			en State Warriors			
	Ticket(s)/Pass(es) provided by a	igency?	Yes 🗌 No		Name of So	ource	
	Was ticket distribution made at t	he behest	No 🗌 Yes	If yes: Char	n, Wilma		
	of agency official?				Official's Name	(Last, First)	
3.	Recipients					· · · ·	
	Use Section A to identify the agency's	department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Department	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
			Pass(es)				
	B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the follow	ving:	
	(Lasi, / # si)		Pass(es)				
	Hirota, Sherry			Ceremonial Role If checking "Ceremo	Donial Role" or "Other" describe below:	Income	
			2	-		neld at a County facility in	
					potential County reve		
				Ceremonial Role	Other	Income	
			2	If checking "Ceremo	onial Role" or "Other" describe below:		
	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy	
	(Pass(es)				
	<u> </u>						
_							
4.	Verification						
	l ha	144.1 an	d 18942. I have ve	arified that the distribution set	forth above, is in accordance w	vith the requirements.	
			0	.1 .12		44.04.0040	

		Sarah Oddie	Supervisor's Assistant	11.21.2016
~	Signature of Agency mean or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie			
Alameda Coulity Division, Department, or Region (If Applicable) Board of Supervisors	California 802		
Division, Department, or Region (if Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number E-mail (510) 272-6693 Designated Agency Contact Information Does the agency have a ticket policy? Yes © No Event Description Basketball Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes © No Was ticket distribution made at the behest No Yes: Char, Wilma Officials Name (Last, First) Recipients * Use Section A to identify the agency's department or unit. * Use Section A to identify the agency's department or Unit Number of tricket(s) Describe the public purpose made pursuant to the agency 's department or Unit Number of tricket(s) Describe the public purpose made pursuant to the agency 's department or Unit Name of Agency, Department or Unit Number of tricket(s) Describe the public purpose made pursuant to the agency 's department or Unit Number of tricket(s) Ceremonial Role © Other 's const below: Ceremoni	Form 002		
Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 Sarah.oddie@acgov.org Date of Original Filling: (510) 272-6693 Sarah.oddie@acgov.org Date of Original Filling: (510) 272-6693 Sarah.oddie@acgov.org Pace Value of Event Information Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$ Salot to Description Basketball Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes X No X If no: Golden State Warriors Name of Source Name of Source Was ticket distribution made at the behest No Yes X if yes: Chan, Wilma •Use Section A to Identify the agency's department or unit. •Use Section B to identify an individual. •Use Section C to identify an out A. Name of Individual Number of Ticket(s) Describe the public purpose made pursuant to the agency: aceanonal Role or Other describe balow: Gradies Tree Ceremonial Role or Other describe balow:	For Official Use Only		
Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 sarah.oddie@acgov.org Date of Original Filling: (510) 272-6693 Function or Event Information Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$ State of Original Filling: Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes X No X If no: Golden State Warriors Name of Source Was ticket distribution made at the behest No X Yes: Chan, Wilma of agency official? Official? A. Name of Agency, Department or unit. • Use Section B to identify an individual. • Use Section C to identify an out A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency: B. Name of Individual (am. read) Number of Ticket(s) Describe the public purpose made pursuant to the agence: (Ceremonial Role or Other describe balow: Ceremonial Role or Other describe balow: Ceremonial Role or Other describe balow: Cer	:		
Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie@acgov.org Date of Original Filling:			
Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie@acgov.org Date of Original Filling:			
(510) 272-6693 sarah.oddie@acgov.org Date of Original Filing:(Month 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$800 tic Event Description Basketball Game Provide Title/Explanation Date(s)120516	Amendment (Must provide explanation in Part 3.)		
2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ \$800 tic Event Description Basketball Game Date(s)120516	Date of Original Filing:		
Event Description Basketball Game Date(s) 12 05 16 Provide Title/Explanation If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma 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 out A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's department or Unit B. Name of Individual (Last, First) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s) Describe the public purpose made pursuant to the agency describe below:	(
Event Description Basketball Game Date(s) 12 05 16 Provide Title/Explanation If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma 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 out A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's department or Unit B. Name of Individual (Last, Fred) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's department or Unit Ceremonial Role Other If checking 'Ceremonial Role' or 'Other' describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency' describe below:	\$ \$ \$800 ticket/\$30 parking		
B. Name of Individual (Last, Frat) Number of Ticket(s)/Pass(es) Identify one of the following: Pass(es) B. Name of Individual (Last, Frat) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency "Other" describe below:			
Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Chan, Wilma Official's Name of Source 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an out A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's department or Unit B. Name of Individual (Last, Fred) Number of Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other If the ching "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency "Ceremonial Role" or "Other" describe below:	/		
Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Chan, Wilma Official's Name of Source 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an out A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's department or Unit B. Name of Individual (Last, Fred) Number of Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other If the ching "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency "Ceremonial Role" or "Other" describe below:			
of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an out A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency is the following: B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency is a constrained below:	of Source		
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an out A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's department or Unit B. Name of Individual (Last, Frad) Number of Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency and the pass(es)	ame (Leet First)		
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an out A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the age B. Name of Individual (Last. First) Identify one of the following: Last. First) Identify one of the following: Last. First) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Lift checking "Ceremoni			
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency, Department or Unit B. Name of Individual (Last, Froit) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)			
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency. B. Name of Individual (Last, Fast) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency of the pass(es)	identity an outside organization.		
B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other	suant to the agency's policy		
D. Identify one of the following: Pass(es) Identify one of the following: Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:			
If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or	ollowing:		
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the address and description (include address and description)	Income		
C. Name of Outside Organization Ticket(s)/ (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the ag	Income		
	suant to the agency's policy		
EBAYC, 2025 E 12th St, Oakland, CA To reward a school or nonprofit organization for 94606 to the community	nization for its contributions		
To connect Asian American youth w/ caring & understanding adults			
4. Verification			

 Signature or Agency mean or Designee
 Sarah Oddie
 Supervisor's Assistant
 11.21.2016

 Y Signature or Agency mean or Designee
 Print Name
 Title
 (Month, Day, Year)

Date Stamp California Form For Official Us Amendment (Must provide explanation in P te of Original Filing: (Month, Day, Year) the form (Month, Day, Year) (Month, Day, Year) Month, Day, Year) Ch Ticket/Vass \$ 304.80 (Month, Day, Year) Name of Source te Official's Name (Last, First)	Part 3.)
For Official Us For Official Us For Official Us Amendment (Must provide explanation in P te of Original Filing:	se Only Part 3.)
Amendment (Must provide explanation in P te of Original Filing:(Month, Day, Year) ch Ticket/Pass \$ 304.80 4 Baba 10,21 State Warnors Name of Source	Part 3.)
te of Original Filing:	,
te of Original Filing:	,
te of Original Filing:	,
te of Original Filing:	,
(Month, Day, Year) ch Ticket/ 1355 \$ 304.80 4, 10, 21, State Upping Name of Source	122
ch Ticket/ 10, 21, 4, 12, 10, 21, State Warnors Name of Source	tak 1
4, 10, 21, State Uppinors Name of Source	17
4, 10, 21, State Uppinors Name of Source	Tak
Name of Source	Names and a second s
Official's Name (Last, First)	
Official's Name (Last, First)	
	-
• Use Section C to identify an outside organi:	zation.
rpose made pursuant to the agency's pol	
aunty Employce for	r
<u> </u>	
ntify one of the foliowing:	
Other Other describe below:	Income
ndance at an event	
facility in order to tial revenue from	Income
rpose made pursuant to the agency's poli	icy
is in accordance with the security and	
pove, is in accordance with the requirements.	1.
pove, is in accordance with the requirements.	1/16
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FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 510-891-5585 Date of Original Filing: anna.gee@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? PD Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 HARL Event Description Min Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🗌 No 🛛 If yes: Miley, Nate Was ticket distribution made at the behest No 🗌 Yes 🗙 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Å Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) anda Count Number of 8. Name of Individual Ticket(s)/ Pass(es) identify one of the following 162, 197 Other 🔏 Ceremonial Role Gums, Keith Income If checking "Ceremonial Role" or "Other" describe below. 2 To promote attendance at an event Income Caylor, Barbara held at a County facility in order to maximize potential revenue from parking and concession sales. 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) remard Cx NON 16 2 ORGAN

Verification 4.

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.

		Anna Gee		Exec	utive Assistant	21/10
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 Use Section C to identify an outside organization. Number of A Name of Agency, Department or Unit. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Alameda County Shin oremit Z Number of B. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Other Consin, Dwig Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below To promote attendance at an event Income held at a County facility in order to maximize potential revenue from parking and concession sales. 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 promote health and wellness to United Seniors of Oakland & Alameda County vulnerable populations such as foster 2 7200 Bancroft Ave #251 kids and seniors that receive county Oakland 94605 services. SENIOR ADVOCACY 4. Verification I ha Pegulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Anna Gee Executive Assistant Signature of Agency Head or Designee Print Name Title nth, Day, Comment: